

CLIENT INFO SHEET

TAX YEAR	

axpayer Name		Spouse Name					
Occupation		Occupat	ion				
SSN	DOB	SSN			DOB		
Phone		Phone _					
Email		Email					
ADDRESS					Lived all year	?	
Driver's License #	State	Issue Date		Expira	ation Date		
Driver's License #	State	Issue Date		Expira	ation Date		
Dependent Names		Birthdate	Social Secu	urity#	Relationship	Months lived in Your Home	
DEPENDENTS: Any childcare or	afterschool care expense	es?					
Did anyone inclu	ding taxpayer or spouse	attend college?					
Do you or your spouse have healthca	re through the Healthcar	e Marketplace?					
Did you pay any Estimated Taxes to t	he IRS or State for this ta	ıx year?	Federal \$		State \$		
Are you or your spouse Self Employe	d, have an LLC or Corpo	ration?					
If so, please supply information as fol	llows:						
BUSINESS NAME		EIN#	EIN#		ENTITY TYPE: (Sole Proprietor, Single Member LLC, Multi-Member LLC (Partnership), S Corp or C Corp		
						•	
Would you like any refunds deposited	I into your bank account	?	1				
BANK NAME	ROUTIN	IG#	ACCOUNT#			CHECKING or SAVINGS ACCT	

A \$50 deposit is required to start your return. Cash, Check. Debit/Credit card or Zelle. Zelle payments to kdlsvcs@gmail.com There is a 4% convenience fee if paid by debit/credit card and 2% for ACH.

CHECK ALL THAT APPLY

W2s	Purchased Primary Residence	Medical/Dental Expenses		
1099 MISC/NEC	Sold Primary Residence	Mortgage Interest Statement 1098		
Received Interest 1099-INT	Owned Rental Property	Paid Real Estate Taxes		
Received Dividends 1099-DIV	Lottery or Gambling Winnings – W2G	Cash Contributions		
Sold Stocks or Bonds	Cancellation of Debt 1099-C	Non-Cash Contributions		
Pension/Retirement Income 1099-R	Paid Tuition 1098-T	HSA Form 1099SA		
Contributions to IRAs	Paid Student Loans 1098-E			
Received Unemployment 1099-G	Virtual Currency			
Social Security Income 1099-SSA	Child Care Expenses			
Alimony (PAID OR RECEIVED)				