

MJ Cares Client Data Sheet

Tax Year 2022



TAXPAYER NAME _____ (M / F) SPOUSE NAME _____ (M / F)
 OCCUPATION _____ OCCUPATION _____
 SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____
 EMAIL _____ EMAIL _____
 ADDRESS _____ APT # _____
 CITY _____ STATE _____ ZIP _____
 MAIN PHONE _____ CELL ALT. PHONE _____ CELL

MJ Cares will occasionally contact you by using technology. By checking the box on this form, you **DO NOT** give us consent to use automated technology to email, call or text you at the phone numbers(s) above, including your wireless number if provided. Please note that you are not required to provide this consent to make a purchase from us.

Dependents: (List Youngest First) Name (First, Initial and Last Name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home this tax year?

Child Care Expenses: Yes No

TAX YEAR 2022 SPECIFICS:

Can someone **Claim You as a Dependent**? Yes No; Did the **IRS send you a PIN number** Yes No _____

Did you **Live Apart from your Spouse** for over 1/2 the year? Yes No Did you **Move or Sell a property**? Yes No

Are you **Self-Employed**? Yes No Were you **self-employed** in: 2020 - 2021 - 2022 (circle all that apply)

Occupation: _____ EIN: _____ - _____ Business Name: _____

Did you **Pay Estimated Taxes**? Yes No Federal \$: _____ State \$: _____ Local \$: _____

Were any of your Tax family **Student(s)**? Yes No; Did you have **Education Expenses**? 1098-T, books, etc. Yes No

Did the **Students Support** themselves?(> than half) Yes No; Did you make **Student Loan** payments? 1098-E Yes No

Did you receive COVID-related **Retirement Distributions** in tax year 2020 that were spread over three years? Yes No

Did you have any **Unreimbursed Employee Expenses** (Union dues, Scrubs, etc.)? **Give receipts or write on back of this form.**

Other: _____

How would you like to Pay: Card Check Cash Pay By Refund

BANKING INFORMATION: Would you like your refund deposited into your bank account? Yes No Checking Savings
 Same as Last Year? Yes No * If yes and you are a returning client and received your refund to your account no need to fill in below*

Bank Name _____ Routing Number _____ Account Number _____

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

CHILD CARE INFORMATION: (Note: This information is required for each provider)

Provider's Name _____ Provider's SSN/EIN _____

Provider's Address _____ Amount Paid to Provider \$ _____

Provider's Name _____ Provider's SSN/EIN _____

Provider's Address _____ Amount Paid to Provider \$ _____