MJ Cares Data Sheet Tax Year 2023



TAXPAYER NAME		(M / F)	SPO	JSE	NAME			(M/F)
SSN	DISABLED [Yes No	SSN_			DI	SABLED	Yes No
DOBOCCUPATION			DOB		0	CCUPATION_		
EMAIL			EMAI	IL				
ADDRESS								
CITY			STATE	:	Z	IP		
MAIN PHONE	_	CELL	ALT. PHONE CE				CELL	
MJ Cares will occasionally contact you by use text you at the phone numbers(s) above, including			nis form, ye	ou DO	NOT give us	consent to use auto	omated technology	to email, call or
WE NEED A COPY OF					Your Re	eturn is #		_ in Que.
 Driver's License or F Social Security Card 	I need my return RUSHED and I will pay a FEE to skip the Que line!							
3) Birth certificate and	Social Security	Carus IOI de	ependents \$50 Personal Return					urn
Are you claiming any dependents? Yes No \$100 Business I) Business Re	eturn		
If yes, fill out a <u>DUE DILLIGENC</u>	E sneet for all s	sections that	арріу.			Childcare	Income	Months
Dependents: (List Youngest First) Name (First, Initial and Last Name)	Month, Day & Year of Birth	Depender SSN	nt's		lationship to you	or College Student	Income earned in 2023 (not SSI)	lived in your home this year?
Traine (1 113t, Illitial and East Name)	TCAI OI DII(II	0011			to you	Otudont	(1101 001)	tilio year:
CHILDCARE INFORMATION: (The	nis is required for F	EACH CHILD 8	EACH	PRO	VIDER or	give copy of Ye	ear-End Receip	ot)
Provider's Name			Prov	ider's	s SSN/EIN			
Provider's Address	Provider's Address Amount Paid to Provider \$							
Provider's Name	rovider's Name Provider's SSN/EIN							
Provider's Address **List any more providers on the back					Amount Pa	id to Provider S	<u> </u>	
COLLEGE STUDENT INFORMATIO	N:							
Did you have Education Expenses? If YES, give receipts or write expenses						from your S	UDENT ACC	DUNT.
Did the Student Support themselves	s? (pay more than	half of their livi	ing expe	enses	s) 🗌 Yes	□No		
Did you make Student Loan paymer	nts? 1098-E	Yes 🗌 No						/

TAX YEAR 2023 SPECIFICS:		. 				
Can someone Claim You as a Dependent?	∕es □ No	Ž.				
Did you Live Apart from your Spouse for over ½	the year?	□ No	and of the same			
Did the IRS send you a PIN number		No				
Did you Move or Sell a property? Yes Did you install Clean Energy such as Solar, Wind on Did you purchase Energy Efficient Improvements Boiler, Central AC, Heat pump, Water Heater, Boile	or Geothermal or Fuel s for your home such	as Windows, Doors, Sky Li	No Shift Yes, please provide receipts.			
Did you purchase a New or Used Plug-In Vehicle?	P ☐ Yes ☐ No /	^f Yes, Need dealership pap	erwork.			
Did you have any Unreimbursed Employee Expe If YES, give receipts or write expenses in "Othe		rubs, Tools, etc.)?	□ No			
Did you Pay Estimated Taxes ? Yes No	Federal \$: 1Q 2Q 3Q 4Q	State \$: 1Q				
Are you Self-Employed? Yes No If	yes, fill out a <u>DUE</u>	DILLIGENCE sheet. Ti	tle:			
siness Name: Date Business Started:						
Type of Business: Sole Proprietor Part	tner LLC	S-Corp C-Corp	Trust			
Business Description:		_ EIN:				
How would you like to PAY for your Tax Set Would you like to receive your Tax Return & How would you like to PAY the IRS?	electronically ONLY		☐ Pay By Refund☐ Payment Plan			
How would you like to RECEIVE your Tax R		_	☐ Check ☐ Direct Deposit			
	_	LIXT astermoney Card	Oneck bliect beposit			
BANKING INFORMATION: Checking] Savings					
Bank Name Rou	ting Number	Account No	umber			
OTHER Information:						
I CERTIFY THAT I WOULD LIKE MY TAXES Taxpayer's Signature			ATION I SUPPLIED.			
Spouse's Signature Date						