

MJ Cares Data Sheet

Tax Year 2024



TAXPAYER NAME _____ (M / F) SPOUSE NAME _____ (M / F)
 SSN _____ DISABLED ☐ Yes ☐ No SSN _____ DISABLED ☐ Yes ☐ No
 DOB _____ OCCUPATION _____ DOB _____ OCCUPATION _____
 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.

WE NEED A COPY OF:

- 1) **Driver's License** or Photo ID
- 2) **Social Security Cards** for taxpayer and spouse
- 3) **Birth certificate and Social Security Cards** for dependents

Are you claiming any dependents? ☐ Yes ☐ No

If yes, fill out a **DUE DILLIGENCE** sheet for all sections that apply.

Your Return is # _____ in Que.

I need my return **RUSHED** and I will pay a **FEE to skip the Que line!**

_____ \$50 Personal Return

_____ \$100 Business Return

| Dependents: (List Youngest First) Name (First, Initial and Last Name) | Month, Day & Year of Birth | Dependent's SSN | Relationship to you | Childcare or College Student | Income earned in 2023 (not SSI) | Months lived in your home this year? |
|--|-------------------------------|--------------------|------------------------|---------------------------------------|--|---|
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CHILDCARE INFORMATION: (This is required for EACH CHILD & EACH PROVIDER or give copy of Year-End Receipt)

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 \$ _____

**List any more providers on the back.

COLLEGE STUDENT INFORMATION:

Did you have **Education Expenses**? 1098-T, books, Computer, etc. ☐ Yes ☐ No

If YES, give receipts or write expenses in "Other" Section on back. You can get 1098-T from your STUDENT ACCOUNT.

Did the **Student Support** themselves? (pay more than half of their living expenses) ☐ Yes ☐ No

Did you make **Student Loan** payments? 1098-E ☐ Yes ☐ No

TAX YEAR 2024 SPECIFICS:

Can someone **Claim You as a Dependent**? ☐ Yes ☐ No

Did you **Live Apart from your Spouse** for over ½ the year? ☐ Yes ☐ No

Did the **IRS** send you a PIN number ☐ Yes ☐ No

Did you have **Pennie Heath Insurance**? ☐ Yes ☐ No *If Yes, please provide your 1095-A*

Did you **Move or Sell a property**? ☐ Yes ☐ No

Did you install **Clean Energy** such as Solar, Wind or Geothermal or Fuel Cell System? ☐ Yes ☐ No

Did you purchase **Energy Efficient Improvements for your home** such as Windows, Doors, Sky Light, Insulation, Furnace, Water Boiler, Central AC, Heat pump, Water Heater, Boiler, Biomass stove / boiler? ☐ Yes ☐ No *If Yes, please provide receipts.*

Did you purchase a New or Used **Plug-In Vehicle**? ☐ Yes ☐ No *If Yes, Need dealership paperwork.*

Did you have any **Unreimbursed Employee Expenses** (Union dues, Scrubs, Tools, etc.)? ☐ Yes ☐ No

If YES, give receipts or write expenses in "Other" Section below.

Did you **Pay Estimated Taxes**? ☐ Yes ☐ No

Federal \$:

State \$:

Local \$:

1Q _____

1Q _____

1Q _____

2Q _____

2Q _____

2Q _____

3Q _____

3Q _____

3Q _____

4Q _____

4Q _____

4Q _____

Are you **Self-Employed**? ☐ Yes ☐ No *If yes, fill out a **DUE DILLIGENCE** sheet.* Title: _____

Business Name: _____ Date Business Started: _____

Type of Business: ☐ Sole Proprietor ☐ Partner ☐ LLC ☐ S-Corp ☐ C-Corp ☐ Trust

Business Description: _____ EIN: _____ - _____

How would you like to PAY for your Tax Service? ☐ Card ☐ Check ☐ Cash ☐ Pay By Refund

Would you like a TaxDome account? TaxDome is our new online portal. ☐ Yes ☐ No

TaxDome is a secure portal to view, send, and receive your tax return and documents online.

How would you like to PAY the IRS? ☐ Auto Debit from Return ☐ Check with Voucher ☐ Payment Plan

How would you like to RECEIVE your Tax Refund? ☐ DISCOVER FasterMoney Card ☐ Check ☐ Direct Deposit

BANKING INFORMATION: ☐ Checking ☐ Savings

Bank Name _____ Routing Number _____ Account Number _____

OTHER Information: _____

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

Taxpayer's Signature _____

Date _____

Spouse's Signature _____

Date _____

