

# MJ Cares Client Data Sheet

## Tax Year 2021



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?

### TAX YEAR 2021 SPECIFICS:

Did you receive the 3<sup>rd</sup> Stimulus of \$1,400? (Attach Letter 6475)  Yes  No Total \$ Amount: \_\_\_\_\_

Did you receive the Advance Child Tax Credit? (Attach Letter 6419)  Yes  No Total \$ Amount: \_\_\_\_\_

Did you make CASH Charitable Contributions?  Yes  No Total \$ Amount: \_\_\_\_\_ To whom? \_\_\_\_\_

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: 2019 - 2020 - 2021 (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 this form.**

Other: \_\_\_\_\_

### 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 \$ \_\_\_\_\_

### BANKING INFORMATION: Would you like your refund deposited into your bank account? Yes No Checking Savings

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 \_\_\_\_\_