

MJ Cares Client Data Sheet

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

MJ Cares occasionally has products or services that we think may be of interest to you. By checking this box and submitting 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?
(M / F)				
(M / F)				
(M / F)				
(M / F)				
(M / F)				

CHECK ALL THAT APPLY

- Did you make Charitable Contributions? Yes No; How much? _____ To whom? _____
- Did you receive the EIP "Stimulus" Payment? Yes No; How much did you receive – 1st payment \$ _____, 2nd payment \$ _____
- Can someone else claim you as a dependent? Yes No
- Did you live apart from your spouse during the year? If yes, did you live together at any time after June 30? Yes No
- Did you pay *estimated* taxes last year? Federal \$ _____ State \$ _____ Local \$ _____
- You or your spouse were a resident of another state or earned income in another state during the last year. State(s): _____
- You were a student? Yes No / Did you have education expenses? Yes No / Did you make student loan payments? Yes No
- Are you Self-Employed and loss work because of COVID? Yes No How many Days Lost? _____ Why was work lost? _____

CHILD CARE INFORMATION

Provider's Name _____ Provider's SSN/EIN _____ Provider's Address _____ Amount Paid to Provider \$ _____

FILING INFORMATION – Office Use Only Filled-Out & Options Verified with Client. Client Verification: (Initials):

Filing Method/Service Options	Payment of Tax Preparation Fees to Tax Preparer	Discounts to Personal Tax Return Preparation Fees	Disbursement Options
<input type="checkbox"/> Paper Return <input type="checkbox"/> Electronic E-FILE Return Refund Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No NO Debt on Hotline? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Fees incurred include: An Account Handling Fee for the Refund Transfer plus any applicable disbursement fees.</i> ProSeries (Refund Advantage-Meta Bank Fees) <input type="checkbox"/> \$39.95 Refund Transfer Fee Federal <input type="checkbox"/> \$12.00 Refund Transfer Fee State <input type="checkbox"/> \$19.95 Tech Fee <input type="checkbox"/> Advance Refund <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FREE if loan \$150 <input type="checkbox"/> FREE if loan \$500 <input type="checkbox"/> FREE if loan \$1000	\$ _____ Date: _____ <input type="checkbox"/> Check / # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card \$ _____ Date: _____ <input type="checkbox"/> Check / # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card \$ _____ Date: _____ <input type="checkbox"/> Check / # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	<input type="checkbox"/> None <input type="checkbox"/> \$50 CASH Early Filer <input type="checkbox"/> \$50 DISCOUNT Early Filer <small>*Early Filer is Filed Return before Feb 15th</small> <input type="checkbox"/> 19% Good-Bye COVID Discount <small>*Feb 16th through April 15th</small> <input type="checkbox"/> \$20 Off Refund Adv Fees <input type="checkbox"/> Payroll Client <input type="checkbox"/> Bookkeeping Client <input type="checkbox"/> Loyal Client Discount <input type="checkbox"/> New Client Discount <input type="checkbox"/> Multi-Return Discount <input type="checkbox"/> Dependent Return <input type="checkbox"/> Brought a Friend <input type="checkbox"/> Health Insurance Client <input type="checkbox"/> Other _____	<input type="checkbox"/> Direct Deposit to Your Bank Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Routing # _____ Account # _____ Client Initials <input type="checkbox"/> Direct Deposit to a MyFaster Money Visa Card Envelope #: _____ <input type="checkbox"/> Check Printed in Tax Office \$25 FEE Check #: _____ <small>*\$25 Fee is a new Meta-Bank Fee.</small> <input type="checkbox"/> Check Mailed from Tax Authority to the Address on Your Tax Return

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

Taxpayer's Signature _____ Date _____
 Spouse's Signature _____ Date _____