

THE TAX OFFICE

1040 Personal Income Tax Filing

2020

CLIENT INFORMATION FORM

Filing Status:

- | | |
|--|---|
| ☐ Single | ☐ Head of Household |
| ☐ Married Filing Jointly | ☐ Qualifying Widow w/Child |
| ☐ Married Filing Separately | ☐ Not Sure |

TAXPAYER INFORMATION

Your Full Name: _____ SSN#: _____

Date of Birth: ____/____/____ Occupation: _____

Please **CHOOSE ANY** of the following that apply:

- | | |
|---|---|
| ☐ Disabled | ☐ US Armed Forces |
| ☐ Blind | ☐ Someone claiming you as a dep. |
| ☐ Deceased | ☐ Homeowner |
| ☐ Surviving Spouse | ☐ Buying home in 1-2 years |
| ☐ Student | ☐ Has Marketplace Insurance |

SPOUSE INFORMATION

Spouse Full Name: _____ SSN#: _____

Date of Birth: ____/____/____ Occupation: _____

Please **CHOOSE ANY** of the following that apply:

- | | |
|---|---|
| ☐ Disabled | ☐ US Armed Forces |
| ☐ Blind | ☐ Someone claiming you as a dep. |
| ☐ Deceased | ☐ Spouse filed a separate return |
| ☐ Surviving Spouse | ☐ Lived apart from Spouse |
| ☐ Student | ☐ Has Marketplace Insurance |

ADDRESS INFORMATION

Home Address (No P.O. Boxes): _____

City: _____ State: _____ Zipcode: _____

Email: _____

Phone Number: _____ Spouse Phone: _____

Resident State: _____

Did you live in any other state during 2020? ☐ Yes ☐ No Date of Move: ____/____/____

DEPENDENT INFORMATION

☐ Same as Last Year

Dependent #1 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship to You: _____

☐ Student

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

Fee Total \$ _____

Dependent #2 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship to You: _____

☐ Student

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

Fee Total \$ _____

Dependent #3 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship to You: _____

☐ Student

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

Fee Total \$ _____

Dependent #4 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship to You: _____

☐ Student

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

Fee Total \$ _____

COLLEGE / TRADE SCHOOL EXPENSES

Has the **American Opportunity Credit** been claimed for the student before?

☐ Unsure

☐ Yes

☐ No

Tuition and Enrollment Fees **not** listed on **Form 1098-T**: \$ _____

Cost of Books: \$ _____

Cost of Equipment: \$ _____

Cost of Supplies: \$ _____

(printer, laptop, furniture, desk etc)

ADDITIONAL TAXPAYER INFORMATION

Please select **ANY** that apply:

- | | |
|---|--|
| ☐ Self-Employed (Landscaper, Uber) | ☐ Armed Force Reservist |
| ☐ Small Business Owner/LLC | ☐ Received Unemployment |
| ☐ Landlord (has Rental Property) | ☐ Teacher or Entertainer/Artist |
| ☐ Sold Stocks/Crypto in 2020 | ☐ Sold Home in 2020 |
| ☐ Made Tax Payments in 2020 | ☐ Moved (Military Relocation) |

TAXPAYER EXPENSES

Doctor Visits: \$ _____	Eye Exams & Eyeglasses: \$ _____
Prescriptions: \$ _____	Hearing Aids: \$ _____
Dental Treatments: \$ _____	Medical Equip & Supplies: \$ _____

Charitable Donations (Church, Schools, Goodwill etc): \$ _____

Charitable Work Mileage (miles driven for volunteer work etc): \$ _____

Donated Vehicle / Boat: \$ _____

Sales Tax (vehicles, furniture etc): \$ _____	Electric Vehicle: \$ _____
---	----------------------------

Vehicle Registration Fees: \$ _____	Solar Related Purchases: \$ _____
-------------------------------------	-----------------------------------

Student Loan Interest: \$ _____	Taxpayer HSA Contributions: \$ _____
---------------------------------	--------------------------------------

Spouse Loan Interest: \$ _____	Spouse HSA Contributions: \$ _____
--------------------------------	------------------------------------

(Not the same as 401(K) Contribution through your employer):

Taxpayer IRA Contribution: \$ _____ ☐ Traditional ☐ ROTH

Spouse IRA Contribution: \$ _____ ☐ Traditional ☐ ROTH

Alimony: \$ _____ ☐ Paid ☐ Received

Payer or Recipient Full Name: _____

SSN#: _____ Date of Divorce or Legal Separation: ____/____/____

TERMS OF ENGAGEMENT

Thank you for choosing **The Tax Office** for your tax preparation needs. We will be preparing your Federal & State income tax returns based on the information provided by you. While we may ask for clarification on certain items, we will not audit or verify the information provided.

Your Responsibilities

It is your responsibility to ensure that you provide all necessary information for the preparation of complete and accurate tax returns.

You should retain all documents, canceled checks, and other data that support your reported income and deductions. These may be needed to prove the accuracy and completeness of your tax returns to a taxing authority.

You are ultimately responsible for the accuracy of your tax returns, so please review them carefully before signing.

Our Responsibilities

We will use the information provided by you to ensure that your tax returns are accurate to the best of our knowledge. We will electronically file your tax returns in a timely manner.

While we can provide an estimated refund date, we have no control over when the IRS or State issues your refund. These taxing authorities do not guarantee a specific refund date.

In the event of a tax examination, we can assist you with any correspondence or communication from the IRS or State.

We will retain records related to this engagement for 5 years. After this period, we are free to destroy these records. Please note that we do not keep any of your original records, so you should keep these in secure storage.

In the event of a complaint regarding our services, we will work in good faith to resolve the issue. Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations, including failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all tax, penalties, and interest charges imposed by tax authorities.

Extra Fees

Files received in full within 10 days prior to the **Tax Deadline (April 15, 2021)**, will be subject to a \$100 late submission fee and will be applied to cover the additional time and effort required to complete your tax return in a timely manner. If it is not possible to complete your return before the deadline, the fee will be used towards filing Form 4868 (Extension of Time).

Professional Fee

Our professional fee for the services outlined above is estimated based upon the complexity of the work to be performed, and our professional time, as well as out-of-pocket expenses.

STIMULUS / ECONOMIC IMPACT PAYMENTS

Did you receive the **1st Stimulus Check**? (\$1200 per person) ☐ Yes ☐ No

If yes, how much did you receive? \$ _____

Did you receive the **2nd Stimulus Check**? (\$600 per person) ☐ Yes ☐ No

If yes, how much did you receive? \$ _____

ACKNOWLEDGEMENT

We truly appreciate the opportunity to be of service to you. By signing below, you acknowledge that you have read and understand the terms of engagement outlined above.

We will not initiate services until we receive the signed agreement.

Your Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Preferred Method of Contact:

☐ E-mail ☐ Phone ☐ Text

FINANCIAL INFORMATION

☐ Same as Last Year ☐ Checking ☐ Savings

Bank Name: _____

Routing#: _____ Account#: _____

The Tax Office
(904) 577-0086
7545 Centurion Pkwy #303
Jacksonville FL 32256
www.thetaxoffice.io
cs@thetaxoffice.io