THE TAX OFFICE

1040 Personal Income Tax Filing

2021

CLIENT INFORMATION FORM

Filing Status:

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

TAXPAYER INFORMATION

Your Full Name: ____ SSN#: _________________

Date of Birth: _____/_____/_________ Occupation: _______________________________________

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

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

SPOUSE INFORMATION

Spouse Full Name: ____ SSN#: _________________

Date of Birth: _____/_____/_________ Occupation: _______________________________________

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

- ☐ Disabled
- ☐ Blind
- ☐ Deceased
- ☐ Surviving Spouse
- ☐ Student
- ☐ US Armed Forces
- ☐ Someone claiming you as a dep.
- ☐ Spouse filed a separate return
- ☐ Lived apart from Spouse
- ☐ 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 2021? ❑ 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)
- ☐ Small Business Owner/LLC
- ☐ Landlord (has Rental Property)
- ☐ Sold Stocks/Crypto in 2021
- ☐ Made Tax Payments in 2021
- ☐ Armed Force Reservist
- ☐ Received Unemployment
- ☐ Teacher or Entertainer/Artist
- ☐ Sold Home in 2021
- ☐ Moved (Military Relocation)

TAXPAYER EXPENSES

Doctor Visits: $ ____________________

Prescriptions: $ ____________________

Dental Treatments: $ ______________

Eye Exams & Eyeglasses: $ ___________

Hearing Aids: $ ____________________

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): $ _______

Vehicle Registration Fees: $ ______________

Electric Vehicle: $ __________________

Solar Related Purchases: $ __________

Student Loan Interest: $____________

Spouse Loan Interest: $____________

Taxpayer HSA Contributions: $ __________

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, 2022)**, 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.

ADDITIONAL QUESTIONS

Did you receive the **3rd Stimulus Check**? ($1400 per person) ❑ Yes ❑ No

If yes, how much did you receive? $ ________

Did you receive **Advance Child Tax Credits**? ❑ Yes ❑ No

If yes, how much did you receive in total? $ ________

Advance Child Tax Credit Amounts:

- Ages 5 and under: six monthly payments of $300
- Ages 6 through 17: six monthly payments of $250

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