

***WELCOME to Julie's Tax Services!*****ALL CLIENTS REQUIRED TO PROVIDE FRONT OF DRIVER'S LICENSE EVERY YEAR**

*(Expiration date must be current, and not set to expire within the timeframe of tax completion.)*

**NEW CLIENTS – We will need a copy of your most recent federal and state tax returns**

**\*REQUIRED COPY:** \*\* We require 2 forms of ID for EVERYONE on your return\*\* *This includes spouses and dependents!* CURRENT Driver's License (Expiration must not occur within the tax return completion time frame), Social Security Card, Birth Certificate, Marriage License, bank card (i.e., debit or credit card), school or work ID.

**TAXPAYER/SPOUSE INFORMATION \*PLEASE PRINT\* ALL INFO REQUIRED.**

First, Middle & Last Name \_\_\_\_\_

(S)pouse First, Middle & Last \_\_\_\_\_

Social Security Number(s) \_\_\_\_\_ / (S) \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_ / (S) \_\_\_\_\_

Full Home Address (City, state, zip) \_\_\_\_\_

Occupation(s) \_\_\_\_\_ / (S) \_\_\_\_\_

Email Address \_\_\_\_\_ / (S) \_\_\_\_\_

*(Providing your email automatically signs you up for TaxDome, if you don't wish to utilize our secure online portal simply do not open the activation link in your email)*

Phone Number(s) \_\_\_\_\_ / (S) \_\_\_\_\_

Do you wish to opt in for SMS text messages from JTS? **YES** **NO**

*(JTS will only text you regarding appointment reminders, missing information or in regards to your return)*

Request Tax Year(s) Filing For: \_\_\_\_\_

**\*\*TAX YEARS NEEDING COMPLETION OUTSIDE OF CURRENT TAX YEAR DEADLINE WILL BE PREPARED AFTER TAX SEASON IS OVER\*\***

Did you make any **FEDERAL** or **STATE** tax payments outside of normal tax withholding? **YES** **NO**

Do you or your spouse own a **RENTAL PROPERTY, BUSINESS, OR FARM?** Please circle the answer(s) (If NO skip question)

If you **DON'T HAVE AN APPOINTMENT, DO NOT OWN A RENTAL PROPERTY, BUSINESS, OR FARM,** and have a 1040 return, would you like your return expedited for an **ADDED NON-REFUNDABLE** fee of \$75? **YES** **NO**

Are you **married, or single?** If married, are you filing **jointly or separately?** Please circle the answer(s).

Is a parent or guardian claiming you as a **dependent** on their tax return? **YES** **NO**

**HEALTH INSURANCE** (If you are unsure if you have marketplace insurance, please visit their website, Healthcare.gov or call 855-889-4325)

Did you purchase Health Insurance from **Marketplace** and receive a **1095-A?** **\*\*FORM NEEDED** **YES** **NO**

**DEPENDENT INFORMATION** \*\*\* FOR ALL **NEW** **DEPENDENTS** PLEASE PROVIDE A COPY OF THEIR BIRTH CERTIFICATE AND SOCIAL SECURITY CARD \*\*\***\*WE CAN PROVIDE MORE DEPENDENT FORMS IF NEEDED\*****How many dependents are you claiming on this tax return?** \_\_\_\_\_

If claiming dependent(s) every-other year . . .

- a. A SIGNED Form 8332 (this is used by custodial parents to release their claim to their child's exemption)
- b. Court Custody/Divorce Decree

Dependent #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent #1 Social Security Number: \_\_\_\_\_ Cost of Childcare: \$ \_\_\_\_\_

Is Dependent #1 to be claimed every other year?: **YES** **NO** Claimed Even or Odd years? : \_\_\_\_\_**Does Dependent #1 Have income to file?** **YES** **NO**

Dependent #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent #2 Social Security Number: \_\_\_\_\_ Cost of Childcare: \$ \_\_\_\_\_

Is Dependent #2 to be claimed every other year?: **YES** **NO** Claimed Even or Odd years? : \_\_\_\_\_**Does Dependent #2 Have income to file?** **YES** **NO**

Dependent #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent #3 Social Security Number: \_\_\_\_\_ Cost of Childcare: \$ \_\_\_\_\_

Is Dependent #3 to be claimed every other year?: **YES** **NO** Claimed Even or Odd years? : \_\_\_\_\_**Does Dependent #3 Have income to file?** **YES** **NO****If you marked YES for any dependent income, have you included those documents?** **YES** **NO****\*\*If you are claiming any child care costs we are required to have either the childcare provider statement OR the childcare provider's name, address, SSN/TIN & phone number, and amount paid. WITHOUT THIS INFORMATION YOUR RETURN WILL BE DELAYED. \*\* If you are providing childcare statements, you can leave the next section blank.****Childcare Provider Info:** Name: \_\_\_\_\_ Address: \_\_\_\_\_

SSN or TIN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Continuing Education:**Did **YOU**, your **SPOUSE**, or any **DEPENDENT** you are claiming attend college/tech school/trade school this year? (Please circle your answer) **YES** **NO****\*\*\*PLEASE INCLUDE ANY 1098 OR TUITION TAX FORMS SENT TO YOUR EDUCATIONAL INSTITUTION TO PREPARE YOUR TAXES**



## HOUSING

Client Initial of accurate info: \_\_\_\_\_

Do you rent your home? (If NO skip next 2 questions) YES  NO

How long have you lived in your home? \_\_\_\_\_ Months / Years

Rent paid Monthly: \$ \_\_\_\_\_

Did you purchase a home or property this tax year? \*\*\* YES  NO

Did you sell a home or property this tax year? \*\*\* YES  NO

**\*\*\*If you PURCHASED a home or property in the last tax year we require closing docs for the PURCHASE. If you SOLD a home or property in the last tax year, we will require closing docs for the SALE as well as closing docs from the ORIGINAL PURCHASE of the home or property. If you no longer having closing docs, we will need the date of purchase and the price paid. \*\*\***

**DIRECT DEPOSIT/DEBIT** (Please verify your banking information – incorrect information will result in a refund delay)

If you are entitled to a refund, would you like funds received via **direct deposit**? YES  NO

If you owe taxes, would you like them to be paid via **direct debit** FROM your bank account? YES  NO

**\*\*EFFECTIVE 09/22/2025 THE IRS WILL NOT ACCEPT CHECKS TO PAY TAXES OWED. IF YOU DO NOT WISH TO OPT IN FOR DIRECT DEBIT YOU MUST MAKE YOUR PAYMENT ONLINE AT IRS.GOV OR CALL 1-800-555-3453 TO MAKE AN OVER THE PHONE PAYMENT. IF YOU OWE STATE TAXES YOU MUST VISIT THAT STATES REVENUE WEBSITE. \*\***

Date to assign **direct debit** (No answer defaults to Tax Day): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

What type of account is this? (No answer defaults to checking) Checking  Savings

**\*\*\* JULIE'S TAX SERVICES CANNOT, IN ANY WAY, ALTER, INTERCEPT, EDIT, OR CHANGE ANY BANKING INFORMATION ONCE YOU HAVE SIGNED YOUR COMPLETED RETURN. \*\*\***

**PERMISSION TO SPEAK TO THE IRS OR STATE**

Can the IRS and state tax authority discuss questions about this return with JTS of West Salem, LLC?

YES  NO

### **COMPLETE INFORMATION—TIMELY RESPONSES & DOCUMENTS PROVIDED AGREEMENT**

- I verify that the information I have provided is complete and accurate.
- Inaccurate information can lead to needing an amendment.
- **Amendment Fee for inaccurate information provided by clients STARTS at \$125.00**--\*errors made by a tax preparer are no cost to clients, tax preparer errors DO NOT INCLUDE notification of changes in your tax situation as asked in this form.
- I understand that incomplete information may cause a delay in completion of my return.

### **I AGREE TO THE ABOVE STATEMENTS**

TAX CLIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TAX CLIENT (SPOUSE) SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



Client Initial of accurate info: \_\_\_\_\_

## **QUESTIONS OR MORE INFO YOU MAY HAVE?**