



NEW CLIENT INFORMATION SHEET Tax Year 2020

TAXPAYER INFORMATION					
Full Name:			Social Security #:		
Phone Number:		DOB:	Occupation in 2020:		
SPOUSE'S INFORMATION					
Full Name:			Social Security #:		
Phone Number:		DOB:	Occupation in 2020:		
ADDRESS & CONTACT INFORMATION					
Address:					
City:		State:		ZIP Code:	
Email Address:					
FILING STATUS					
Marital Status as of 12/31/2020: <input type="checkbox"/> Single <input type="checkbox"/> Married		If married, did you live apart from your spouse for the last 6 months of 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DEPENDENTS (Children under age 19 or under 24 if a full time student) Additional space on back.					
First Name	Last Name	DOB	SS Number	Relationship to You	# of Months Lived with TP in 2020
We will need to make copies of Social Security Cards, please present them to us with this form.					
DURING 2020, DID YOU OR YOUR SPOUSE....					
Own your own business? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Start a "side gig" driving for Lyft, Uber, Instacart, Doordash, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pay alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and SS # of recipient of alimony:			
Receive unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the 1099-G form from your state.					
Are you a volunteer firefighter or ambulance worker? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name & Address of Company:					
ECONOMIC IMPACT STIMULUS PAYMENTS					
Did you receive the economic impact payments sent out in spring of 2020 & January 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How much did you receive? \$					
<small>(The first payments were \$1200 per adult/\$2400 per couple and \$500 per qualifying child. The second payments were \$600 per qualifying adult and child.)</small>					
HOW DO YOU WANT TO FILE YOUR TAX RETURN?					
<input type="checkbox"/> E-File	When your return is complete, you will pay our fee directly out of pocket. We will then electronically transmit your tax return. You may choose to have your refund direct deposited, or mailed to you in check form.				
<input type="checkbox"/> Fee Collect	When your return is complete we will electronically transmit your tax return. Our fee for preparation is deducted from your refund amount. Additional fees will apply. You may choose to have your refund direct deposited, a check delivered to our office, or you can have it loaded onto a Green Dot Debit Card. You must be receiving a refund to choose this option.				
If you are due a refund how would you like to receive it?					
<input type="checkbox"/> Check Mailed		<input type="checkbox"/> Direct Deposit (see below)		<input type="checkbox"/> Green Dot Debit Card (Fee Collect only)	
Name of Bank:		<input type="checkbox"/> Personal <input type="checkbox"/> Business		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing #:		Account #:			

DUE DILIGENCE QUESTIONS

If requested by the IRS, can you provide documentation that shows evidence of the relationship between you and each of your dependents listed above (birth certificates, marriage certificates, court documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If requested by the IRS, can you provide documentation that shows evidence that each of your dependents lived with you for the number of months stated above during 2020 (school, medical, childcare records, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, your spouse, or any of your dependents be claimed as a dependent on someone else's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming a child who is not your own son or daughter? If yes, please explain why the parents of the child are not claiming the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming a child who is permanently and totally disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming a child between the ages of 19 and 23 who was a full-time student for any part of five calendar months during 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any childcare expenses for children under the age of 13?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TERMS OF ENGAGEMENT

We will prepare your Federal and State income tax returns as requested using information you provide. We may ask for clarification of some items, but we will not audit or otherwise verify the information you provide us. It is your responsibility to provide all the information required for preparation of complete & accurate tax returns. You should retain all documents, cancelled checks, and other data that support your reported income and deductions. These may be necessary to prove the accuracy to a taxing authority. You have the final responsibility for your income tax returns, and therefore, you should review them carefully before you sign them.

All of the information I have given is true and correct to the best of my knowledge. I also agree to and accept the Terms of Engagement.

Taxpayer Signature: _____ Date: _____

NOTES: (Please provide any additional information you would like us to know in the space below.)