Client Information Sheet



1477 JEFFERSON BLVD CULVER CITY CA 90230 Phone 424-228-5276 Fax 424-389-7085

EMAIL: taxesdoneeze24@gmail.com

Client Status	NEW		RETURNING			Last Year fi	led with us	5?	
TAXPAYER NAME						_			
SOCIAL SECURITY	NUMBER	R/ITIN#_			_ DATE OF I	BIRTH			
DO YOU HAVE A IP PIN NUMBER FOR IDENTITY THEFT:						(6 DIGIT #) IRS LETTER			
STREET ADDRESS							OCCUPA	TION	
							ZIP		
EMAIL						PHONE # _			
FILLING STATUS:	Single		Married Joint		нон		MFS	■ WIDOWED	
BEST FOLLOW UP			PHONE	п	EMAIL	П			
BEST FOLLOW OF	METHOD		PHONE		EMAIL				
IS ANYONE CLAIM	ING YOU	J AS A DEPI	ENDENT?		YES		NO		
DIRECT DEPOSIT	INFORM <i>A</i>	ATION:	ROUTING #					_	
			ACCOUNT #					_	
SPOUSE NAME									
SOCIAL SECURITY						— BIDTU			
DO YOU HAVE A IF									
STREET ADDRESS							<i>#)</i>		
CITY				STATE_			ZIP		_
EMAIL						PHONE # _			
OCCUPATION				BEST FO	LLOW UP M	IETHOD	PHONI	E 🗌 EMAIL 🗌	
DEPENDENTS:	-	-	id not live with at ur tax preparer.	-				of the year, please	Niesklad
Name				Social S	ecurity/ITI	IA ∙ DOD	Kelatio	nship Full time St [risabled
1			_					Y/N	Y/N
									Y/N
									Y/N
4			_					Y/N	Y/N
5			_					Y/N	Y/N

DID YOU RECEIVE THE BIDEN STIMULUS? YES \square NO AMOUNT RECEIVED: \$1,400 \square \$2,800 \square \$4,				
OTHER:				
DID YOU RECEIVED THE ADVANCED CHILD TAX CREDIT? DID YOU RECEIVED IRS LETTER 6419 (IF SO PROVIDE COPY) VERY IMPORTMANT AMOUNT RECEIVED (\$250 FOR CHILDREN OVER 6 Y AMOUNT RECEIVED:FOR HO				
YOUR TAX SITUATION				
Please select all that apply to you or your spouse:				
Income Sourses Employer (w-2) Unemployment (1099-G) Social Security Benefits (SSA-1099) Retirement plan distribution (1099-R) Interest (1099-Int) Dividends (1099-Div) Stock or mutual fund sale (1099-B) Self-Employed/Independent Contractor/Misc Inc. form 1099-NEC/1099-Misc Expenses from self-employed (spreadsheet/P & L) Rental Property	Household/Dependents Change in family or marital status (Certificates) Adopted a child Paid Child/dependent care expenses (see below) Tutition (1098-T) and education expenses Paid Student loan Interest Enrolled in health insurance marketplace form (1095-A HSA contribution (Form HSA) New Dependent (copy of Social) Solar/ Energy credit			
ITEMIZED DEDUCTIONS Donated cash or goods to charity Made a major taxable purchase (new car) Mortgage Interest (form 1098-Int) Property taxes (County Tax Assessor form) Out of Pocket Medical expenses	MISCELLANEOUS Sold a home Paid/received alimony Lived in a federally declared disaster area Had gambling winning/loses Made an IRA contribution Bought a qualified electric vehicle			
CHILD CARE EXPENSES: NAME OF PERSON/SCHOOL/ORGANIZATION SOCIAL/EIN #ADDRES				
HOW MUCH DID YOU PAY \$ CITY/ST DO YOU HAVE RECEIPT? IF SO PLEASE PROVIDE	TATE/ZIP			
ADDITIONAL NOTE(S):				
I Declare that the information I provided is correct / Yo declaro que la	informacion que proporsuone es correcta			
SIGN / FIRMA TAX PAYER	DATE / FECHA			
SIGN / FIRMA SPOUSE	DATE / F <u>ECHA</u>			