

Client Information Sheet 2023



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Client Status NEW RETURNING

What was the last **TAX** Year filed with us? _____

TAXPAYER NAME _____

SOCIAL SECURITY NUMBER/ITIN # _____ DATE OF BIRTH _____

DO YOU HAVE AN IP PIN NUMBER FOR IDENTITY THEFT: _____ (6 DIGIT #) IRS LETTER _____

STREET ADDRESS _____ OCCUPATION _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____

FILING STATUS: Single Married Joint HOH MFS WIDOWED

BEST FOLLOW UP METHOD PHONE EMAIL

IS ANYONE CLAIMING YOU AS A DEPENDENT? YES NO

DIRECT DEPOSIT INFORMATION: ROUTING # _____

BANK NAME _____ ACCOUNT # _____

SPOUSE NAME _____

SOCIAL SECURITY NUMBER/ITIN # _____ DATE OF BIRTH _____

DO YOU HAVE AN IP PIN NUMBER FOR IDENTITY THEFT: _____ (6 DIGIT #) IRS LETTER _____

STREET ADDRESS _____ OCCUPATION _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____

BEST FOLLOW UP METHOD PHONE EMAIL

DEPENDENTS: If any dependents did not live at the primary's taxpayer address at least 6 months of the year, please discuss this with your tax preparer.

Name	Social Security/ITIN#	DOB	Relationship	F/T Student	Disabled
1 _____	_____	_____	_____	Y/N	Y/N
2 _____	_____	_____	_____	Y/N	Y/N
3 _____	_____	_____	_____	Y/N	Y/N
4 _____	_____	_____	_____	Y/N	Y/N
5 _____	_____	_____	_____	Y/N	Y/N

Were you or anyone in your family enrolled in Covered California (health Insurance) at anytime during 2023? Yes or No
 You must submit form **1095-A** with your tax filing.

YOUR TAX SITUATION

Please select all that apply to you or your spouse:

INCOME SOURCES:

- 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

ITEMIZED DEDUCTIONS:

- Donated cash or goods to charity
- Out of Pocket Medical expenses
- Mortgage Interest (form 1098-Int)
- Property taxes (County Tax Assessor form)

HOUSEHOLD/DEPENDENTS:

- Change in family or marital status (Certificates)
- Adopted a child
- Paid Child/dependent care expenses (see below)
- Tuition (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 & Birth Cert.)
- Solar/ Energy credit

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 #	_____	ADDRESS _____
HOW MUCH DID YOU PAY	\$ _____	CITY/STATE/ZIP _____
DO YOU HAVE RECEIPTS? IF SO, PLEASE PROVIDE.		

ADDITIONAL NOTE(S):

I/We certify that the information I/We provided, is true and correct .

TAXPAYER'S SIGNATURE **X** _____

DATE _____

SPOUSE'S SIGNATURE **X** _____

DATE _____