

Date \_\_\_\_\_

## BUSINESS CLIENT INFORMATION SHEET

Owner's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Taxpayer SS# \_\_\_\_\_ Taxpayer DOB \_\_\_\_\_

Business FEIN# \_\_\_\_\_ Unemployment # \_\_\_\_\_

How many employees? \_\_\_\_\_ Do you process payroll? \_\_\_\_\_

### Items Enclosed:

### INCOME Check List:

W-2's \_\_\_\_\_ 1099's \_\_\_\_\_ K-1's \_\_\_\_\_ Rental Property Info \_\_\_\_\_ Investment Info \_\_\_\_\_

Self Employment Info \_\_\_\_\_ Tips \_\_\_\_\_ Bank Info \_\_\_\_\_ Other Income \_\_\_\_\_

### DEDUCTIONS:

Estimated Taxes Paid \_\_\_\_\_ Real Estate Taxes \_\_\_\_\_ Medical Expenses \_\_\_\_\_ Mortgage \_\_\_\_\_

Contributions \_\_\_\_\_ Child Care \_\_\_\_\_ IRA Contributions \_\_\_\_\_ Employee Expenses \_\_\_\_\_

Roth IRA Contributions \_\_\_\_\_ Medical Insurance \_\_\_\_\_ Misc Deductions \_\_\_\_\_

Power of Attorney on File: Yes \_\_\_\_\_ No \_\_\_\_\_

# CLIENT INFORMATION SHEET

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Taxpayer SS# \_\_\_\_\_ Taxpayer DOB \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Filing Status: Married Filing Jointly \_\_\_\_\_ Married Filing Separately \_\_\_\_\_ Head of Household \_\_\_\_\_

Single \_\_\_\_\_ Number of Dependents You Are Claiming: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse SS# \_\_\_\_\_ Spouse DOB \_\_\_\_\_

## DEPENDENTS:

Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Full Time Student: Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Full Time Student: Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Full Time Student: Yes \_\_\_\_\_ No \_\_\_\_\_

I certify the above to be true and correct: \_\_\_\_\_