

Tax Prep Informational Form

Your First Name M.I. Last Name Social Security # Birthday Occupation

Spouse's Name M.I. Last Name Social Security # Birthday Occupation

Your Street Address Apt # City State Zip

Cell Phone #: _____ Work # _____

Email address: _____

Filing Status: Married Joint ___ Married Separate ___ Head of Household ___ Single ___ Widow ___

Were you married to anyone as of December 31 last year? (* this must be answered) Y: ___ N: ___

List Your Dependents that you are claiming: (not your spouse)

<u>Name</u>	<u>SS#</u>	<u>Relationship</u>	<u>Birthday</u>	<u>dates lived with you</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child Care Info:

<u>Providers Name</u>	<u>Their Address</u>	<u>SS# or EIN#</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other Tax Information:

- How much did you receive on the **1st Stimulus** \$ _____ The **2nd Stimulus** \$ _____
- Did you receive any **UNEMPLOYMENT** or **Social Security** or **Pension benefits**: Yes ___ No ___
- Did you and/or your dependents have **Obama Care** during the year: Yes ___ No ___
- Do you have **all of the W2's** from all of your jobs: Yes ___ No ___
- Did you own any **rental properties**: Yes ___ No ___
- Do you have any **investments** (stocks, CD's etc) or **sell a home**: Yes ___ No ___
- Do you have any **self-employment income** or work as a **independent contractor**: Yes ___ No ___
- Did you or your dependents go to **college** or take any **secondary education classes**: Yes ___ No ___
- Did you receive any other income like cashing out a **401k, IRA, gambling, cancelled debt**: Yes ___ No ___
- Do you own a **corporation** or **partnership**: Yes ___ No ___
- Did you **contribute to an IRA** or **convert an IRA to a Roth IRA**: Yes ___ No ___
- Did you receive or pay any **alimony**: Yes ___ No ___

DID YOU MAKE OR RECEIVE ANY OTHER MONEY OR INCOME DURING THE YEAR:

Disclaimer: I authorize ABS Tax. to prepare my taxes. I understand that the return is based solely on the information that I have provided. If this information is incorrect or incomplete, it is my responsibility to see that an amended return is filed. I understand that I am responsible for having the receipts and documentation for the deductions I claim.

I agree to pay the amount of the preparation fee for my tax return when the preparation is completed. I understand there will be an additional charge if I need to amend my return at a later date.

Client's Signature

Date