

CLIENT INFORMATION SHEET-2023 (TY 2022)

MARTIAL STATUS:		SINGLE MARRIED									
New clients, how did you			Who referred you?								
								Yes √	No √		
1. Can someone claim YOU as a dependent?											
2. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace?											
If Yes, do you have FORM 1095-A? We will need it to complete your tax return											
3. Did you receive unemployment? If Yes, do you have FORM 1099-G? We will need it to complete your tax return											
4. Did you attend college or other accredited secondary educational institution?											
If Yes, do you have FORM 1098-T ?											
5. In 2021, did you receive, sell, exchange or dispose of any financial interest in virtual currency?(Crypto, Bitcoin) 6. Do you have any interest or authority over any foreign account or foreign trust?											
TAXPAYER INFORMATION	N			SPOUS	E INFORM	ATION					
Name (First, Initial, Last Name)				Name	(First, Initial, La	st Name)					
SSN Date		of Birth		SSN			Date of Birth				
Driver License/State ID #	State I	SS Date	Evn Date	Driver	Licansa/Sta	to ID#	State	ISS Date	Exp Date		
briver License/State ib # State		33 Date	Exp Date	Driver License/State ID#		State	33 Date	Lxp Date			
Occupation			Disabled	Occup	Occupation				Disabled		
Coodpanien Coodpanien											
Cell Phone	Alternate Phone			Cell Ph	one						
May we contact you by text message? Yes ☐ No ☐				May we contact you by text message? Yes U No U							
E-Mail Address E					Address						
Mailing Address Apt/Lot #			/Lot #								
City State Zip											
,	State	=	Ζιρ								
Did you live at this addres	ss all year?	es No)								
Security Question: What	is vour mother's n	naiden n	ame?								
Security Question: What is your mother's maiden name? Is tax payer active military?											
Is spouse active military											
DEPENDENT INFORMATION	ON Same as	Last Ye	ear								
						# of		Dissible d	Callana		
First Name, Initial,	Dependent's	dent's SSN	Rela	ationship	months in	Date of Birth	Disabled ✓	College			
						home			Student√		
							_				

י מום	YOU RECEIVE ANY OF THE FOLLOWI	NG IN	OME O	OR EXPENSES?	(All that annly)				
סוט	100 RECEIVE AINT OF THE TOLLOW	ito iit	COIVIL C	N EXI ENGES: (V	All that apply)				
	Wages - W2's		Gambli	ng Winnings			Medical Expen	ses	
	Unemployment			Virtual Currency			Rent (Complete Re		
	Social Security Benefits			Real Estate			Mortgage Inte	-	
	Self- Employment (Complete SE Form)		Sale of	Stocks			Real Estate Tax		
	Pension & Annuities			are Expenses			Charitable Dor	nations	
	Interest			Tuition			Energy Efficien		
	Dividends		_	t Loan Interest			Out of State Pu		
	Injured Spouse, If so which spouse						PPP Loan Forgi	veness (Self Emplo	ved Only)
	,							(009	,,,
	I agree to receiving automated	nhone	calls an	nd/or text messa	σes at the nh	one	numhers nrovi	ded above abou	ut my tay returns
	and future reminders/offers (N	-			ges at the ph	10110	. Hambers provi	ded above above	at my tax returns
	and racare reminaers, oners (it	01 4 00		ro: parenase,:					
	Paula's Sav Tax Inc will prepare	•						•	
	your responsibility to provide a								
	supporting documentation sho								
	acknowledge that should you r				•	_			•
	not cover this and you will be r Revenue Service (IRS) to be app	•		•				• •	e internai
	Revenue Service (INS) to be app	Jileu te	а риог	debt, you agree	to pay \$100	10 3	settle your acco	uiit.	
REFU	JND AND PAYMENT INFORMATION								
How	would you like to pay for our services?	Cash	Check	Credit Card	Debit Card		Deduct from Ref	und (Additional Fee	es Apply)
How v	would you like to receive your Refund?	C40			Dofund Ad	nc- 1			
		Standa		Direct Deposit	Refund Adva Debit	ince (Prepaid Card	Direct Deposit	Check)
ır you	owe IRS, State or City taxes, how would you	і ііке to p	oay?	Check Direct	Depil				
Davi.	Information, Post Name						Pouting No		
bank	ank Information: Bank Name Routing No								
	Account #				Checking	g	Savings		
ما الم	nk products are subject to Bank fees and a							hat you will receive	a hank product on ver-
	nk products are subject to Bank tees and a d because it is subject to Bank & IRS Regula	• •	-		•	yı om	nse or guarantee t	iiat you will receive	a vank product on your
	a a constant in the stantage of the stantage o								

By completing and submitting this form you certify that you would like your taxes prepared according to the information provided above and acknowledge that there is a minimum consultation fee of \$40 (which can be waived should you file your taxes with PAULAS SAV TAX INC).

Signature: Date: