



CLIENT INFORMATION SHEET-2024 (TY 2023)

MARTIAL STATUS:		SINGLE <input type="checkbox"/>		MARRIED									
New clients, how did you hear about us?				Who referred you?									
<div>1. Can someone claim YOU as a dependent?</div> <div>2. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace?..... <i>If Yes, do you have FORM 1095-A? We will need it to complete your tax return</i></div> <div>3. Did you receive unemployment? <i>If Yes, do you have FORM 1099-G? We will need it to complete your tax return</i></div> <div>4. Did you attend college or other accredited secondary educational institution?..... <i>If Yes, do you have FORM 1098-T?.....</i></div> <div>5. In 2023, did you receive, sell, exchange or dispose of any financial interest in virtual currency?(Crypto, Bitcoin)</div> <div>6. Do you have any interest or authority over any foreign account or foreign trust?</div>				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>								
				<input type="checkbox"/>	<input type="checkbox"/>								
TAXPAYER INFORMATION				SPOUSE INFORMATION									
Name (First, Initial, Last Name)				Name (First, Initial, Last Name)									
SSN		Date of Birth		SSN		Date of Birth							
Driver License/State ID #		State	ISS Date	Exp Date	Driver License/State ID#		State	ISS Date	Exp Date				
Occupation				Disabled	Occupation				Disabled				
Cell Phone		Alternate Phone		Cell Phone		Alternate Phone							
May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>				May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>									
E-Mail Address				E-Mail Address									
Mailing Address				Apt/Lot #									
City		State		Zip									
Did you live at this address all year? Yes No													
Security Question: What is your mother's maiden name?													
Is taxpayer active military?													
Is spouse active military?													
DEPENDENT INFORMATION				Same as Last Year <input type="checkbox"/>									
First Name, Initial, Last Name		Dependent's SSN		Relationship		# of months in home		Date of Birth		Disabled <input checked="" type="checkbox"/>		College Student <input checked="" type="checkbox"/>	
										<input type="checkbox"/>		<input type="checkbox"/>	
										<input type="checkbox"/>		<input type="checkbox"/>	
										<input type="checkbox"/>		<input type="checkbox"/>	
										<input type="checkbox"/>		<input type="checkbox"/>	
										<input type="checkbox"/>		<input type="checkbox"/>	

(Over)

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (✓All that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Wages - W2's _____ | <input type="checkbox"/> Gambling Winnings | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Sale of Virtual Currency | <input type="checkbox"/> Rent (Complete Rent Info below) |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Sale of Real Estate | <input type="checkbox"/> Mortgage Interest |
| <input type="checkbox"/> Self-Employment (Complete SE Form) | <input type="checkbox"/> Sale of Stocks | <input type="checkbox"/> Real Estate Taxes |
| <input type="checkbox"/> Pension & Annuities | <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Charitable Donations _____ |
| <input type="checkbox"/> Interest | <input type="checkbox"/> College Tuition | <input type="checkbox"/> Energy Efficient Purchases |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Student Loan Interest | <input type="checkbox"/> Out of State Purchases |
| <input type="checkbox"/> Injured Spouse, If so which spouse owes the debt: _____ | <input type="checkbox"/> PPP Loan Forgiveness (Self Employed Only) | |

I agree to receiving automated phone calls and/or text messages at the phone numbers provided above about my tax returns and future reminders/offers (Not a condition for purchase).

Paula's Sav Tax Inc will prepare your federal and state income tax returns based on the information you furnish to us. It is your responsibility to provide all the information necessary to complete your tax returns. You will retain all necessary supporting documentation should it be required for an audit examination at a later date either by the IRS or state. You acknowledge that should you receive letters from the IRS or State requesting more information that the Tax Prep fees do not cover this and you will be required to pay separate fees at \$50/hr.

REFUND AND PAYMENT INFORMATION

How would you like to pay for our services?	Cash	Check	Credit Card	Debit Card	Deduct from Refund (Additional Fees Apply)	
How would you like to receive your Refund?	Standard Mail	Direct Deposit	Refund Advance (Prepaid Card	Direct Deposit	Check)
If you owe IRS, State or City taxes, how would you like to pay?	Check	Direct Debit				

Bank Information: Bank Name _____ Routing No _____
Account # _____ Checking Savings

All bank products are subject to Bank fees and approval by the bank. PAULAS SAV TAX INC cannot promise or guarantee that you will receive a bank product on your refund because it is subject to Bank & IRS Regulations. PAULAS SAV TAX INC is only a facilitator.

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: _____