



CLIENT INFORMATION SHEET

MARTIAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>				
New clients, how did you hear about us?			Who referred you?				
1. Can someone claim YOU as a dependent? 2. Did you make CASH Charitable Donation(s) totaling \$300 or more during the year? 3. Did you LIVE or WORK in the City (Philadelphia, New York, Delaware, etc) anytime during the year? <i>If Yes, did you also work from home?</i> 4. 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> 5. Did you receive the Advanced Child Tax Credit? How many children? <i>If Yes, do you have IRS LETTER 6419-G? How much did you receive? \$</i>			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"/>			
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 <input type="checkbox"/>		Occupation Disabled <input type="checkbox"/>					
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		City	State Zip				
Did you live at this address all year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did you pay Property Tax? Yes <input type="checkbox"/> No <input type="checkbox"/>					
DID YOU RECEIVE ANY NON-TAXABLE INCOME?		MTH <input checked="" type="checkbox"/> YR <input checked="" type="checkbox"/>	How much per Month/Year				
STIMULUS		- Third Payment (before off set) \$ _____					
Child Support?	\$	\$	\$				
FIP/FIA Cash Benefits?	\$	\$	\$				
Worker's Compensation?	\$	\$	\$				
What was your PRIOR YEAR Earned Income (2019) (New Clients Only).....	\$	\$	\$				
DEPENDENT INFORMATION							
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses <input checked="" type="checkbox"/>	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"/>

(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 Employment Only) |

HEAT CREDIT INFORMATION

Did anyone help pay your bills during the year? Yes No

Are the heating costs currently included in rent or in another's name? Yes No

Who is your Heat Provider? BWL Consumers Other _____
 What type of heat do you have? Electric Gas Other _____

RENT INFORMATION (Complete only if you paid Rent last year - January 1, 2021 thru December 31, 2021) Were you on the lease? Yes No

Number of months you lived there and paid rent in 2021 _____ Monthly Rent Amount (Your Portion) \$ _____

Street Address		Apt/Lot #	Landlord Name		
City	Zip Code	Street Address	City	Zip Code	

RENT INFORMATION (Complete only if you paid Rent last year - January 1, 2021 thru December 31, 2021) Were you on the lease? Yes No

Number of months you lived there and paid rent in 2021 _____ Monthly Rent Amount (Your Portion) \$ _____

Street Address		Apt/Lot #	Landlord Name		
City	Zip Code	Street Address	City	Zip Code	

RENT INFORMATION (Complete only if you paid Rent last year - January 1, 2021 thru December 31, 2021) Were you on the lease? Yes No

Number of months you lived there and paid rent in 2021 _____ Monthly Rent Amount (Your Portion) \$ _____

Street Address		Apt/Lot #	Landlord Name		
City	Zip Code	Street Address	City	Zip Code	

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 _____ Checking Savings

Routing # _____ Account # _____

All bank products are subject to Bank Fees and approval by the bank. TAX EXPRESS cannot promise or guarantee that you will receive a bank product on your refund because it is subject to Bank & IRS Regulations. TAX EXPRESS 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 \$25 (which can be waived should you file your taxes with TAX EXPRESS). This fee does not include services such as responding to IRS letters resulting from issues not stemming from TAX EXPRESS.

Signature: _____ Date: _____