

Debbie's Tax Facts 7232 Vinewood Lane N Maple Grove, MN 55311

## **CLIENT INFORMATION SHEET**

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## **CLIENT INFORMATION**

| Primary Taxpayer Full Name (from Social Securit<br>This person will be listed first on the tax return) | Has name cha             | anged? (Past Year) | If Yes, Please                                    | e List Former         | <sup>*</sup> Name    |           |
|--|--------------------------|--------------------|---|-----------------------|----------------------|-----------|
| Social Security Number   | Date of Birth (MM-DD-YY) |                    | upation   |                       |                      |           |
| Are you currently serving in the military on <i>I</i>  | Active Duty?             | Do you want \$3    | to go to the P                                    | residential C         | ampaign Fun          | ıd?       |
| Tes Ino  |                          | La res             | I NO  |                       |                      |           |
| Spouse Full Name (from Social Security Card)   |                          | anged? (Past Year) | If Yes, Please                                    | List Former           | Name                 |           |
| Social Security Number   | Date of Birth (MM-DD-YY) | Оссі               | upation   |                       |                      |           |
|  |                          |                    |   |                       |                      |           |
| Are you currently serving in the military on <i>l</i>  | Active Duty?             | Do you want \$3    | to go to the P                                    | residential C         | ampaign Fun          | ıd?       |
| ☐ Yes ☐ No   |                          |                    |   |                       |                      |           |
| Mailing Address  Physical Street Address (if different)  | rated, Spouse's SSN      | Are y              | you or can you<br>ned as a depe<br>eone else's ta | ndent on $\  \   \  $ | te Zi                | -         |
| Email Address  |                          |                    |   |                       |                      |           |
| Dependent First Name (from Social Security Card)  Last Name (if different)                             | SSN                      | Relationship       | Months<br>in Home<br>(this year)                  | Date of<br>Birth      | Fulltime<br>Student? | Disabled? |
|  |                          |                    |   |                       |                      |           |
|  |                          |                    |   |                       |                      |           |
|  |                          |                    |   |                       |                      |           |

| DID YOU OR YOUR SPOUSE LAST YEAR (check all that apply)   |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
| ☐ Live in any other states? ☐ Work in any other states?  If yes, list the states and the dates you lived or worked there:   | Purchase a home?  Purchase quali ied residential energy products for your home?   |   |  |  |  |  |
| ☐ Receive wages, salaries, or any other employer compensation?  | 1:1.11110011  | <u></u> C   |  |  |  |  |
| ☐ Receive W-2 forms from ALL employers you worked for last year?  | List all W-2 Wages from Box 1 Below:  |   |  |  |  |  |
| ☐ Receive unemployment compensation?  | Employer Name   | ne Wages  |  |  |  |  |
| ☐ Receive alimony?  |   | \$  |  |  |  |  |
| ☐ Receive Social Security Income?   |   | \$  |  |  |  |  |
| Pay alimony? (Name and SSN of recipient is required)  |   | \$  |  |  |  |  |
| Pay daycare expenses? (Name, address and SSN (or EIN) of provider is required   | )   | \$  |  |  |  |  |
| ☐ Receive winnings from gambling? (lottery, race track, casinos, raffles, etc.)   |   |   |  |  |  |  |
| Receive any miscellaneous income? (prizes, awards, jury duty, etc.) Amoun and description are required  | t   | \$  |  |  |  |  |
| ☐ Pay interest on student loans?  |   |   |  |  |  |  |
| ☐ Did you have any of the following?  | ☐ Have a job-related move?  |   |  |  |  |  |
| Receive state tax refund? Pay real estate taxes? \$ Home Mortgage? Medical expenses or pay for health insurance? Contributions to charity, church, etc? Receive pension, annuity, ROTH, IRA or retirement income? Receive interest on savings, cash, US bonds, stock dividends? Do you have a Health Savings Account (HSA)? | □ Contribute to a: □ ROTH IRA \$ □ Traditional IRA \$ □ SEP \$ □ Keogh \$ □ Simple Retirement Plan \$ □ Did you take a distribution from any retirement account? □ Pay college tuition expenses? □ Are you enrolled as a: □ FT Student □ PT Student |   |  |  |  |  |
| □ Did you have □ Out-of-pocket expenses, for your students □ Loss from casualty? (fire, theft, natural disaster, etc.) □ Sell stock, mutual fund, or other securities?  |   |   |  |  |  |  |
| Receive a 1099-MISC?  | □ Sell your home? □ Sell any other property? (equipment, land, etc.)  |   |  |  |  |  |
| ☐ Own your own business or were self-employed?  | ☐ Make estimated tax payments? ☐ Amount of estimates paid and Dates   |   |  |  |  |  |
| Business Name Proprietor Name   | Date of Business Start  |   |  |  |  |  |
| Dustiness Name  |   | Date of Business start                                    |  |  |  |  |
| ☐ Own rental property or converted rental property to personal use?☐ Receive royalties?   | ☐ Receive installment payments on property sold? ☐ Have an interest in a partnership, S-corporation, estate or trust?   |   |  |  |  |  |
| ☐ Operate a farm?   | ☐ Have income as a minister   | ☐ Have income as a minister? ☐ Receive housing allowance? |  |  |  |  |
| ☐ Additional Comments   |   |   |  |  |  |  |
| All information I have given is true and correct to the best of my knowledg   | e. <b>Client's</b>  |   |  |  |  |  |
| Signature Spouse's  | e's Signature   |   |  |  |  |  |
|   | -   | Date  |  |  |  |  |