**\*\*\*WE MUST HAVE THIS INFORMATION BEFORE MAKING A TAX APPOINTMENT\*\*\***

**TAX INFORMATION – YEAR – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Social – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Date of Birth - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Email - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Phone – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filing Status: Single – \_\_\_\_\_\_\_\_\_\_\_ Joint - \_\_\_\_\_\_\_\_\_ Married Filing Separate – \_\_\_\_\_\_\_\_\_\_\_\_

Address - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children :

Name/s - Social Security Number/s Birthdate/s

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did anyone else claim any of these children on their return? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive money during 2021 for the child tax credit? \_\_\_\_\_\_\_\_\_\_\_ How much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you buy or sell any property this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide the closing statement from the escrow company for each property bought or sold.

Do you have a company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent ownership:\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What states did you work in this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME**

We need all the following documents for your income

Yes/No

W2 Employee Wages (from each place you worked) – \_\_\_\_\_\_\_\_\_\_

1099 Contractor Wages (from each place you worked) – \_\_\_\_\_\_\_\_\_\_

1099 Bank Interest (if earned more than $10) - \_\_\_\_\_\_\_\_\_\_

1099-B Brokerage statement from EACH stock account (Robinhood / Acorns / etc.) – \_\_\_\_\_\_\_\_\_\_

Bitcoin/Crypto Currency (beginning & ending balance for year or Coinbase statement) - \_\_\_\_\_\_\_\_\_\_\_

1099G – Unemployment - \_\_\_\_\_\_\_\_\_\_\_

W2G - Gambling Winnings – \_\_\_\_\_\_\_\_\_\_\_

Social Security Earnings – \_\_\_\_\_\_\_\_\_\_\_\_

1099R – Pension / Retirement – \_\_\_\_\_\_\_\_\_\_\_\_

Foreign income (did you work in another country?) – If yes, we need the year end statement \_\_\_\_\_\_\_\_\_\_\_\_

Rental properties? (We have a separate form for income /expenses from rental property) \_\_\_\_\_\_\_\_\_\_\_

**EXPENSES**

Did we do your bookkeeping or spreadsheet? \_\_\_\_\_\_\_\_\_\_\_\_

Do you have financial statements from another accountant? \_\_\_\_\_\_\_\_\_\_\_

If you have 1099 income and did not do bookkeeping, we need your expenses (see separate expense sheet)

1098 Mortgage Interest (from all the mortgage companies you paid this year – including refinances)

1095A – Health Insurance Marketplace –www.healthcare.gov (Government sponsored health insurance)

Did you buy a new car this year (not lease)? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes… Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Price \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

How many total miles did you drive this year? \_\_\_\_\_\_\_\_\_\_\_\_\_ Percent for business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER**  Yes/No

Are you partner/owner in an additional company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If yes, we need the K1 or 1099-Div from that company)

1098 tuition – were you a college student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you pay for books / supplies? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare – do you pay for licensed child care? Please provide year end statement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a bank account in a foreign country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the bank account had a balance of over $10,000 US you must report the account information.

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Value this year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive the $1400 stimulus payment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you receive total (whole family)? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive PPP or SBA Loan this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Much? PPP $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SBA $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you request the PPP to be forgiven? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you pay out of pocket for health insurance (include your entire family) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you pay out of pocket for medical expenses (include co-pays / prescriptions) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you donate in cash? (personal – not business) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you donate used items? (Goodwill, Salvation Army, etc.) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you contribute to a retirement account this year (IRA/401K/Roth/SEP)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you make any estimated tax payment to the IRS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with any other forms not listed here that say “Important Tax Document”

From which bank account do you want to pay the IRS or receive your refund?

Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In our effort to go paperless, we will be placing your copy in our secure portal.

In addition to your electronic copy, would you like a paper tax copy / folder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It will be a $20 charge per return.

Please return this completed form to Katya at [info@pbstaxlv.com](mailto:info@pbstaxlv.com) or 702-416-0917 text / What’s App

If we did not do your 2020 taxes – please provide a copy.

Credit card that you want to use to pay for the tax returns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number Expiration CVV

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Number Zip Code

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

For Office Use Only

Estimated Price of tax return/s: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date notified client of estimated price: \_\_\_\_\_\_\_\_\_\_\_\_\_

How notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_