



Upstate Accounting & Tax Solutions Inc.

TAX CLIENT INFORMATION SHEET

1. TAXPAYER / SPOUSE INFORMATION		TAXPAYER SS#:	
		SPOUSE SS#:	
FULL NAME (as shown on social security card):			
Occupation:	DOB:	Do you want to contribute to the presidential election? (circle one)	Yes No
SPOUSE FULL NAME (as shown on social security card):			
Occupation:	DOB:	Do you want to contribute to the presidential election? (circle one)	Yes No
MARITAL STATUS (circle one)	Single	Married	Separated Widower
Street Address:			
City:	State:	Zip Code:	Phone #:

2. Exemptions

Please complete the following as applicable

	Name (As shown on SS card)	Date of Birth:	Relationship to Taxpayer	Months in Home
Dependent				
Dependent				
Dependent				
Dependent				
Dependent				

3. REFUND

If you are receiving a refund, please tell us how you would like to receive the refund. (check only one)

<input type="checkbox"/>	Refund Advance or Loan
<input type="checkbox"/>	Faster Money Card
<input type="checkbox"/>	Direct Deposit
<input type="checkbox"/>	Check in Mail
<input type="checkbox"/>	I'd prefer to make that decision when I know my result

4. ADDITIONAL INFORMATION REQUIRED

To provide the best and quality service, we will need a copy of a Driver's License (or other form of identification) and Social Security card for all persons whose name will be shown on your tax return. Also please have a copy of your prior year's tax return with you if you did not use us last year to file your tax return.

5. SIGNATURE

**ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
IF I CHOOSE NOT TO COMPLETE THE RETURN, UPON TAX INFORMATION BEING INPUT INTO THE COMPUTER BY A TAX PREPARER, THERE WILL BE A \$50.00 CONSULTATION FEE**

SIGNATURE:		DATE:	
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Check if any of the following apply to you:

<input type="checkbox"/>	Active Military / Veteran
<input type="checkbox"/>	First Responder
<input type="checkbox"/>	Teacher

Did you or your spouse at any time during the year:	Circle:	If yes, please provide:
1. Receive wages, salaries, or any other employer compensation?	Yes No	All W-2 forms
a. Have you ever received W-2 forms for ALL employers?	Yes No	
2. Receive unemployment compensation?	Yes No	All 1099-G forms
3. Receive social security benefits?	Yes No	All 1099-SSA forms
4. Receive Alimony?	Yes No	
a. If yes, please list amount:		
5. Pay Alimony?	Yes No	
a. If yes, please list name of recipient:		
b. SSN of recipient:		
c. Amount paid:		
6. Do you pay daycare expenses?	Yes No	Name, Address, SSN
a. If yes, please provide statement:		
7. Receive winnings from gambling? (lottery, casinos, racetracks)	Yes No	All W2-G forms
8. Receive any miscellaneous income? (prizes, awards, jury duty)	Yes No	
a. If yes, please list amount:		
b. And describe:		
9. Are you claimed as a dependent on someone else's tax return?	Yes No	
10. Pay interest on student loans?	Yes No	
11. Receive pension, annuity, IRA, or retirement income?	Yes No	All 1099-R forms
12. Receive interest on savings, cash, US bonds, or stock dividends?	Yes No	All 1099-INT forms
13. Do you have any of the following?	Yes No	
a. Home mortgage?	Yes No	All 1098 forms
b. Amount paid for sales tax?	Yes No	Total paid
c. Sales tax paid on new vehicles or home improvement?	Yes No	List with amounts
d. Medical expenses or pay for health insurance?	Yes No	List with amounts
e. Contributions to charity, church, etc.?	Yes No	List with amounts
f. Out-of-pocket expenses or use your personal vehicle on the job?	Yes No	List with amounts
g. Loss from casualty? (fire, theft, natural disaster)	Yes No	List with amounts
14. Did you have a job-related move?	Yes No	
15. Contribute to an IRA, SEP, Keogh or Simple Retirement Plan?	Yes No	
16. Pay college tuition expenses?	Yes No	
17. Sell stock, mutual fund, or other securities?	Yes No	All 1099-B forms
18. Receive a 1099-MISC?	Yes No	All 1099-MISC forms
19. Own your own business or were self-employed?	Yes No	
20. Use a portion of your home exclusively for business?	Yes No	
21. Operate a farm?	Yes No	
22. Own a rental property?	Yes No	
23. Receive installment payments on property sold?	Yes No	
24. Sell your home?	Yes No	All 1099-S forms
25. Sell any other property? (equipment, land, etc.)	Yes No	
26. Have an interest in a partnership, s-corporation, estate, or trust?	Yes No	All K-1 forms
27. Did you make estimated tax payments?	Yes No	
28. Have a medical savings account?	Yes No	
29. Did you live in any other states?	Yes No	
30. Did you work in any other states?	Yes No	

