***By the Book Tax Services***

7455 S. Hulen street, suite 180 Fort Worth TX 76133

(682)459-8664 Cell

(469)844-8299 Office

***CLIENT INFORMATION SHEET***

***(Please complete all information below that Apply)***

**TODAY’S DATE: \_\_\_\_\_\_\_\_ REFFERED BY: \_\_\_\_\_\_\_\_\_**

**NEW CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_ RETURNING CLIENT: \_\_\_\_\_\_\_\_\_**

✓ **Check only one of the following:**

# \_\_ Single\_\_ Married Filing Jointly \_\_ Head of the Household\_\_ Qualifying Widow \_\_ Married Filing Separate

**Mr./Mrs./Ms./Miss *(please circle one)***

**CLIENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB:** \_\_\_\_\_\_\_\_\_

**SPOUSE NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB:** \_\_\_\_\_\_\_\_\_\_

**\*(Please provide spouse information – If filing jointly or married filing separate)**

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_ **ZIP CODE**: \_\_\_\_\_\_\_\_\_\_

# YOUR HOME #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ YOUR CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE HOME #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SPOUSE Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR OCCUPATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SPOUSE OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPENDENTS NAME** | **D.O.B** | **SOCIAL SECURITY NUMBER** | **RELATIONSHIP** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PLEASE PROVIDE**

PHOTO IDENTIFICATION OR DRIVER LICENSE \*SOCIAL SECURITY CARDS (for all persons who will be on the Return)

***Note: This Information Must Be Accurate!***

***Janicecarterjc group llc***

***Updated 07/26/2021-***

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**Call the Treasury Offset Program@ 1-800-304-3107 and list any debts that may apply.**

**Mark” N/A” if no debts were listed during the telephone call. Do You owe the IRS?**

**Is your/your family’s health insurance provided by your Employer \_\_\_\_\_ or by a state Programs? \_\_\_\_\_\_**

# Or through the Marketplace (Obamacare)\_\_\_\_\_\_

**IF YOU ARE RECEIVING A REFUND BY DIRECT DEPOSIT, PROVIDE YOUR BANK ACCOUNT INFORMATION:**

**BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROUTING NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT IS THE AMOUNT OF EACH STIMULUS CHECK YOU RECEIVED? $\_\_\_\_\_\_$\_\_\_\_\_**

**DID YOU RECEIVE UNEMPLOYMENT? \_\_\_\_\_\_\_\_\_\_**

All information I have given is true and correct to the best of my knowledge.

Taxpayer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

NOTES: