

# BAKER'S TAX AND ACCOUNTING SERVICE, INC.

## CLIENT INFORMATION SHEET

Tax Year(s) Filing	Today's Date	Have you used BTS before?
<input type="text"/>	- -	<input type="checkbox"/> Yes <input type="checkbox"/> No Year(s) _____

### CLIENT INFORMATION

**Primary Taxpayer** Filing Status:  Single  Married, Filing Joint  Married, Filing Separate  Head of Household

Last Name First Name Middle Name Has name changed? If yes, List Former Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
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Social Security Number Date of Birth (MM-DD-YY) Occupation

- -	- -	<input type="text"/>
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Are you currently serving in the military on Active Duty? Do you want \$3 to go to the Presidential Campaign Fund?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**Spouse (If applicable)**

Last Name First Name Middle Name Has name changed? If yes, List Former Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
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Social Security Number Date of Birth (MM-DD-YY) Occupation

- -	- -	<input type="text"/>
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Are you currently serving in the military on Active Duty? Do you want \$3 to go to the Presidential Campaign Fund?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Separated, Date of Separation

- -
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Are you or can you be claimed as a dependent on someone else's return?

<input type="text"/>
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Mailing Address City State Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physical Street Address (if different) City ST Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous Address City ST Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Primary Email Address Daytime Phone Number Evening Phone Number

<input type="text"/>	( )	( )
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Spouse Email Address Daytime Phone Number Evening Phone Number

<input type="text"/>	( )	( )
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Did You or Your Spouse Last Year (check ALL that apply)

<input type="checkbox"/> Have Dependents? (complete Section 2)	<input type="checkbox"/> Have itemized list of charitable contributions?
<input type="checkbox"/> Own a Business? (complete Section 3)	<input type="checkbox"/> Have itemized list of medical expenses?
<input type="checkbox"/> Own Rental Property? (complete Section 4)	<input type="checkbox"/> Have any dividend gain or loss of stock statements?
<input type="checkbox"/> Receive wages, salary or other compensation?	<input type="checkbox"/> Receive an economic stimulus check? Amount? \$_____
<input type="checkbox"/> Have mortgage interest statement(s)?	<input type="checkbox"/> Receive unemployment compensation?
<input type="checkbox"/> Have distributions from IRA's or savings plan?	<input type="checkbox"/> Receive winnings from gambling?

## DEPENDENT INFORMATION (Section 2)

	Name As shown on SS Card	Date of Birth	Social Security Number	Months in Home	Fulltime Student?	Disabled ?
Dependent 1						
Dependent 2						
Dependent 3						
Dependent 4						

### Childcare Provider Information

(1) Provider Name  SSN/EIN  Total Amount Paid?



Street Address  City  St  Zipcode





(2) Provider Name  SSN/EIN  Total Amount Paid?



Street Address  City  St  Zipcode





## BUSINESS INFORMATION (Section 3)

*\*Provide Itemized list of INCOME and EXPENSES.*

(1) Business Name  Type of Business?



Street Address  City  St  Zipcode





(2) Business Name  Type of Business?



Street Address  City  St  Zipcode





## RENTAL PROPERTY INFORMATION (Section 4)

*\*List ALL property addresses*

(1) Street Address  City  St  Zipcode  Income?






(2) Street Address  City  St  Zipcode  Income?






(3) Street Address  City  St  Zipcode  Income?






*All the information I have provided is true and accurate to the best of my knowledge.*





Client's Signature

Spouse's Signature

Date

Prep- Initials

## CHECKLIST OF ITEMS NEEDED TO FILE A RETURN

✓ Completed Client Information Sheet
✓ Copy of your last years Federal & State Return
✓ W2(s) from all employers
✓ 1099 from business (s)
✓ Distributions from IRA's or other tax exempt savings plan
✓ Receipts or consolidated list of charitable contributions and donations
✓ Inquire if your qualify for an Earned Income Credit (EIC)
✓ Itemized totals of unreimbursed employee expenses
✓ Itemized totals of gambling receipts
✓ Dividend gain or loss of stocks statements
✓ Itemized totals of medical expenses
✓ Social Security Numbers (SSN) for all dependents
✓ SSN or Employment Identification Number (EIN) for Childcare Providers
✓ Address of Childcare provider
✓ Itemized totals confirming amount spent for childcare
✓ Itemized totals confirming college expenses
✓ Mortgage Interest statements of all properties
✓ Itemized list & totals of expenses for your business and their use
✓ Rental income - Itemized list & totals of expenses per rental unit
✓ Mortgage interest statements for each rental property

***\*Please have and fax all tax information prior to appointment. Bring originals to appointment.***

***\*Your information must be itemized with totals. If you bring just the receipts, you will be charged for book keeping services @ \$75.00/hr.***

***\*There is a \$25.00 charge for any missed appointment without 24 hour advanced notice.***

***\*All payments are due once services are rendered***