

CLIENT INFORMATION SHEET



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

Social Security Number	Date of Birth (MM-DD-YY)	Occupation
- -	- -	

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="checkbox"/> Yes <input type="checkbox"/> No

Social Security Number	Date of Birth (MM-DD-YY)	Occupation
- -	- -	

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

Mailing Address	City	State	Zip

Physical Street Address (if different)	City	ST	Zip

Previous Address	City	ST	Zip

Primary Email Address	Daytime Phone Number	Evening Phone Number
	()	()

Spouse Email Address	Daytime Phone Number	Evening Phone Number
	()	()

Did You or Your Spouse Last Year (check ALL that apply)

<input type="checkbox"/> Have Dependents? <i>(complete Section 2)</i>	<input type="checkbox"/> Have itemized list of charitable contributions?
<input type="checkbox"/> Own a Business? <i>(complete Section 3)</i>	<input type="checkbox"/> Have itemized list of medical expenses?
<input type="checkbox"/> Own Rental Property? <i>(complete Section 4)</i>	<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	Relationship	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? Start Date

Street Address City St Zipcode

(2) Business Name Type of Business? Start Date

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*