



Affordable Tax Services

Client Information Form

Stuart, FL
 Port St. Lucie, FL
 (772) 647-8461

customerservice@affordabletaxesfl.com

To better serve you and meet your tax preparation needs, we ask that you fill out the information below. If you have any questions, then please ask us and we will be glad to answer.

After completing this form please leave it along with your tax documents. We will complete your return using the information provided and will contact you to set an appointment to review your return and prepare it to e-file.

What date would you like for your return to be ready? (Minimum of 3 day turnaround): _____

CLIENT INFORMATION

| | | | | | |
|------------------------|-----------------|----------------|---------------------|-------------|--------|
| Taxpayer's Name: | | SSN: | | Health INS? | |
| Taxpayer's Occupation: | | B-Day: | | Blind? | |
| Spouse's Name: | | SSN: | | Health INS? | |
| Spouse's Occupation: | | B-Day: | | Blind? | |
| ADDRESS: | | | CITY: | | STATE: |
| | | | | | ZIP |
| PHONE: Main: | Taxpayer's Cell | Spouse's Cell: | Best Number to Call | | |
| Email Address: | | | | | |

DEPENDENTS

| NAME: | SSN: | B-DAY: | RELATIONSHIP: | # Mths in home | Child Care Exp \$ Amt |
|-------|------|--------|---------------|----------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note you must provide Social security number for all dependents

PAPERWORK TO BRING

| | | | |
|-------------------------|------------------------|----------------------------|---------------------------|
| ____ W-2s | ____ 1099-INTs | ____ 1099-Div | ____ 1099 Misc |
| ____ 1099 B (Brokerage) | ____ 1099 R | ____ K-1s | ____ Last yr's tax return |
| ____ Gambling | ____ Jury Duty | ____ 1098-T | ____ 1098 Mortgage |
| ____ Tax forms w/labels | ____ Property Tax Bill | ____ Student Loan Interest | |
| | | | |

DEDUCTIONS AND CREDIT ITEMS

MEDICAL EXPENSES

Medical Savings Acct (MSA) Contributions _____
 Health Savings Acct (HSA) contributions _____
 Insurance & Medicare Premiums _____
 Prescriptions _____
 Eyeglasses _____
 Doctors _____
 Dentists _____
 Hospital _____
 Ambulance _____
 Medical auto mileage _____
 Other medical travel expenses _____
 Hearing aids & batteries _____
 Other Medical expenses _____
 Reimbursements _____

CONTRIBUTIONS

Church _____
 Other Cash Contributions _____
 Charitable Auto Mileage _____
 Property donated for which you have
 receipts (fair market value) _____
 Other _____

MISCELLANEOUS

Hobby losses _____
 Gambling losses _____
 Classroom expenses for teachers _____
 Energy property installed _____
 Stimulus Check #3 Amount _____
 Advance Child Tax Credit Received _____
 Other _____

CASUALTY LOSSES in Declared Zones

Cost of property lost _____
 Fair market value of property _____
 Insurance reimbursement received _____

CHILD CARE EXPENSES – Bring list of Totals by Child

| Providers Name | Address | ID | Amt. Pd |
|----------------|---------|----|---------|
| | | | |
| | | | |
| | | | |

EDUCATION CREDITS (1098-T)

| Name of Institution | Tuition Pd | Books and Fees | Who Attended | When classes began |
|---------------------|------------|----------------|--------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

If you have a business or rental property, please attach an income/loss statement and support documents.

If you borrow money and the debt is canceled or forgiven, please include Form 1099-A and/or 1099-C

I attest that the information included in this document is complete and accurate to the best of my knowledge.

 Taxpayer Date

 Spouse Date

How did you hear about us: _____
