GOOSBY TAX SERVICE, LLC

1400 Mercantile Lane, Suite 174

Largo, Maryland 20774

(301) 386-2725 Office

(301) 386-0057 Fax

**CLIENT INFORMATION FORM**

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

# TODAY’S DATE: \_\_\_\_\_\_\_\_ Please indicate tax year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# AMENDED YEAR: \_\_\_\_\_\_\_\_

## 

# NEW CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_ RETURNING CLIENTS: \_\_\_\_\_\_\_\_\_\_

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

\_\_ **Single** \_\_ **Married Filing Jointly \*** \_\_ **Head of the House \_\_ Qualifying Widow**

**\_\_ Married Filing Separate\***

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

**PRIMARY NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_

**SECONDARY NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_

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

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

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

**YOUR HOME #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR WK #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR CELL #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |  |
| --- | --- |
| **REFFERRED BY:** | **YOUR EMAIL:** |

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

**Please indicate your method of payment to Mr. Goosby below:**

### CASH: \_\_\_\_ VISA/DEBIT CARD: \_\_\_\_\_ CHECK: \_\_\_\_\_ FEE’S WITHHELD: \_\_\_\_\_\_\_\_\_

**Please indicate how you wish to receive your refund below:**

**CHECK BY MAIL:** \_\_\_\_ **BANK CARD:** \_\_\_\_\_\_\_ **BANK ACCOUNT:** \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **PREPARATION CHECK LIST FOR TAX RETURN** | |
| **LIST OF DOCUMENTS** | * **CHECK LIST COLUMN** |
| **Social Security Card(s)** |  |
| **Driver’s License(s)** |  |
| **Dependents’ Social Security Numbers & Dates of Birth** |  |
| **Last Year's Federal and State Tax Returns** |  |
| **Wage Statements - Form W-2** |  |
| **Pension or Retirement Income - Form 1099-R** |  |
| **Interest and Dividend Income - Form 1099-INT/Form 1099-DIV** |  |
| **State Income Tax Refund Amount - Form 1099-G** |  |
| **Social Security Income - Form SSA-1099** |  |
| **Unemployment Income - Form 1099-G** |  |
| **Commissions Received/Paid** |  |
| **Information on sales of Stocks or Bonds - Form 1099-B** |  |
| **Self-Employed Business/Farm Income & Expenses - Form 1099-MISC and 1099-NEC** |  |
| **Merchant Card and Third Party Network Payments 1099-K** |  |
| **Lottery or Gambling Winnings - Form W-2G** |  |
| **Lottery or Gambling Losses** |  |
| **Income and Expenses From Rentals** |  |
| **Income from Partnerships, S Corporations, Trusts, and Estates - Schedule K-1** |  |
| **IRA Contributions** |  |
| **Alimony Paid or Received** |  |
| **Child Care Expenses & Provider Information** |  |
| **Medical, Eye Care, and Dental Expenses** |  |
| **Cash and Non-cash Charitable Donations** |  |
| **Record of Purchase or Sale of Residence** |  |
| **Mortgage or Home Equity Loan Interest Paid - Form 1098** |  |
| **Real Estate and Personal Property Taxes Paid** |  |
| **State or Local Sales Taxes Paid** |  |
| **Un-reimbursed Employment-Related Expenses** |  |
| **Job-Related Educational Expenses** |  |
| **Educator Expenses** |  |
| **Tuition and Education Fees - Form 1098-T** |  |
| **Student Loan Interest - Form 1098-E** |  |
| **Casualty or Theft Losses** |  |
| **Estimated Taxes** |  |
| **Foreign Taxes Paid** |  |
| **Affordable care Act (ACA – 1094 & 1095 Forms** |  |
| **1st Economic Impact Payment (Need Exact Amount)** | **$** |
| **2nd Economic Impact Payment (Need Exact Amount)** | **$** |
| **3rd Economic Impact Payment (Need Exact Amount)** | **$** |
| **Child Tax Credit Received (Need Exact Amount)** |  |
| **Were You in the Military? (Yes or No)** |  |