

Client Information



To provide a better service and help meet your expectations regarding your tax preparation, we ask that you take a few minutes to complete the following information. If you have any questions when completing this form, do not hesitate to ask.

1. Complete the form as best you can, and then review and sign the document.

2. You may choose to leave this form and your tax documents to the Customer Service Professional at the front desk and you may choose to have a 10- and 15-minute meeting with your tax advisor.

3. Once your tax return is ready, you can return to the office to complete it, or choose our online approval option to complete your online return.

Are you a customer that has already used our services? Yes No

If so, do you have a preferred tax advisor? (Please state name): _____

On what date do you want your statement to be ready? (The usual time is 3 days): _____

Do you own a company (LLC or other)? Yes No

CLIENT INFORMATION	SPOUSE INFORMATION
Primary Contributor Name: _____	Spouse Name: _____
Birthdate: _____	Birthdate: _____
Civil status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> HH <input type="checkbox"/>	Occupation: _____
Occupation: _____	Address (is is different): _____
Address: _____	City, State, Zip: _____
City, State, Zip: _____	Social Security number: _____
Phone Number: _____	Phone number: _____
Social Security number: _____	Email: _____
Email: _____	Did you have medical coverage during the year 2021? <input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have medical coverage during the year 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you or anyone in your household have Covid-19? How many days _____? Yes No

Did you receive economic impact payments? how much did you receive _____? Yes No

Did you receive advance payments for the child tax credit in 2021? how much did you receive _____? Yes No

Can you or your spouse be claimed as a dependent by another person? Yes No

Are you an active member or spouse / dependent of an active member of the armed forces? Yes No

Do you want to allocate \$ 3 to the fund for the presidential campaign? Yes No

Do you have bank accounts outside the United States? Yes No

Do you have properties outside the US? UU. More than \$ 50,000.00? Yes No

Did you have a lien or sold your home? Yes No

Have I completed your taxes for the past 5 years? Yes No

Did you have cryptocurrency transactions during the year? Yes No

If you answered yes, with which company? _____

Electronic Currency or Crypto Currency (ex. Bitcoin) _____

Please provide Statement of transactions _____

For Internal Use	
Electronic Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct Deposit	_____
Account #	_____
Routing #	_____

DEPENDENTS* (Or person living in your home)

Full Name (First, Last)	Social Security or Tax ID	Birthdate Month/Day/Year	Relationship (Son, Daughter, father ect.)	Number of months lived in the house during the year	US Resident, Mexico or Canada	Disabled YES / NO	Full-time student YES / NO	Had medical coverage by 2021 YES / NO	Payment Dependent care YES / NO

If paying dependent care, indicate the following:

Name of Person or Establishment: _____ Address: _____ SS#/ID# _____ Amount: _____

INCOME:	EXPENSES:	CREDITS AND DEDUCTIONS:	HEALTH INSURANCE	OTHERS*:
(Check all that apply and include documents.)	(Check all that apply and include documents.)	(Check all that apply and include documents.)	(Check all that apply and include documents.)	(Check all that apply and include documents.)
<input type="checkbox"/> Employer (W-2)	<input type="checkbox"/> Self Employee*	<input type="checkbox"/> Did you donate cash or property to a charity?	<input type="checkbox"/> Did you or any member of your family group be in any of these situations?	<input type="checkbox"/> Did you or your spouse do any of these actions?
<input type="checkbox"/> Self Employee*	<input type="checkbox"/> Not reimbursed by your employer	<input type="checkbox"/> Did you pay interest on student loans?	<input type="checkbox"/> Covered by a private health insurance plan, provided by the employer or government that qualifies.	<input type="checkbox"/> Sell a house
<input type="checkbox"/> Interests (1099-Int)	<input type="checkbox"/> Education or Rental Property *	<input type="checkbox"/> Did you pay for child / dependent care expenses?	<input type="checkbox"/> Enrolled in a health insurance plan through the federal or state market.	<input type="checkbox"/> Pay / receive alimony
<input type="checkbox"/> Social Security (SSA-1099)	<input type="checkbox"/> Medical / dental care	<input type="checkbox"/> Did you have mortgage payments? (1098)	US Resident, Mexico or Canada	<input type="checkbox"/> Adopt a child
<input type="checkbox"/> Contribution of retirement plan* (1099-R)	<input type="checkbox"/> Union dues	<input type="checkbox"/> Did you make a contribution to an IRA?		<input type="checkbox"/> suffer a loss for a catastrophe
<input type="checkbox"/> Dividends (1099-Div) or Rental Property *		<input type="checkbox"/> Did you make an important purchase taxable?		<input type="checkbox"/> Gains / losses of gambling
<input type="checkbox"/> Sale of shares or mutual fund (1099-B)		<input type="checkbox"/> Did you pay taxes on the property?		<input type="checkbox"/> Change marital status
<input type="checkbox"/> Crypto Currency		<input type="checkbox"/> Did you make contributions to an HSA account?		
<input type="checkbox"/> Unemployment (1099-G)		<input type="checkbox"/> Did you get 1095A for Obama Care?		

I certify that all information provided on both pages is true, correct and does not contain false or fraudulent information, and is accurate according to knowledge. And I understand that Grace Williams CPA, PC prepared my tax return based on information provided by me in accordance with the IRS rules and regulations and in accordance with generally accepted accounting principles. I also Acknowledge that by entering my own personal identification number (PIN) below it represents my signature for my electronic income tax return and, applicable, my Electronic Funds

Withdrawal Consent to Grace Williams CPA PC

Taxpayer Pin # _____

Spouse Pin # _____

(Signature of the Taxpayer)

(Signature of Wife or Husband)

(Date)