**INDIVIDUAL TAX CLIENT INFORMATION & DOCUMENTS LIST (Total 5 Pages)**

**------------------------------------------------------------------------------------------------------------------------------**

***Payments Terms & Conditions:***

***By sending your documents & information to us you agree to use & pay for our services. First time clients MUST make $50 PARTIAL advance payment which will be adjusted in your FINAL invoice. WE DO NOT PROVIDE QUOTES but we send you your Tax Return initial draft in a very transparent manner, all the adjustments & corrections will be made to ensure you are satisfied with our work.***

***If you DO NOT consent to the above, please DO NOT send us your information……!!!***

***Payments not made or not made on time WILL be subject to late charge of $25 for each 30 days from the due date & WILL be forwarded to professional collection agencies, which WILL be reported on your credit reports hurting your Credit History & Credit Score!***

**------------------------------------------------------------------------------------------------------------------------------**

**Processing time:** 5 business days (after last set of documents all documents in-house)

**Speedy processing tip:** Please send all documents in one shot.

**ITIN:** We are processing tax returns with ITIN but not certifying the documents, so IRS office visit is required.

Last page has information needed for ITIN.

**FBAR & FATCA:** We have the ability to file these reports electronically with the tax return: There is a minimum extra $20 charged for it, apart from tax prep fee.

**NEW Clients:** We do not start processing the tax return until the partial initial deposit of $50 is in first.

**Fees:** Your bank information is strictly for IRS & State tax deposit or withdrawal. We do not use your bank information for processing, an invoice is generated to enable the online payment by the client.

**2021 Tax Return Fee BASIC Structure:**

$50 for federal & $20 for each state as BASE price PLUS

Federal: Schedule B , 1 through 7 & Stimulus check worksheet, $10 for each schedule ( only when applicable )

Dependent & Child Tax Credit Compliance & Certification Form 8867: $20

Schedule D (Stocks, Mutual Funds & Crypto Etc.) $10 SCH D & $5 for each 8949 AND $10 for each attached for 1099 consolidated.

Rental Properties SCHEDULE   E : $75 for 1st Property , $20 for each additional property

Most common forms are listed above, for other special situations check with us.

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First Time Client ONLY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FIRST Name** | **LAST Name** | **Date of Birth** | **SSN/ITIN** |
| **Self** | Mugdha | Bapat | 03/05/1985 | 289292933 |
| **Spouse** |  |  |  |  |
| **Dependent 1** |  |  |  |  |
| **Dependent 2** |  |  |  |  |
| **Dependent 3** |  |  |  |  |

**For Direct Deposit/Debit of Refund or Taxes Due**

Bank Account # Routing Number (9 Digits) Checking or Saving

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **381034550287** | **021200339** | **Checking** |  |  |  |

**Current Address: 300 EAST DRYDEN STREET,APT 30, GLENDALE, CA 91207**

**Cell or Office #: 8189134463 Home Phone #:**

**Job Title for Primary taxpayer & Spouse (For a non-working spouse can put Homemaker)**

|  |  |
| --- | --- |
| **Self** | Software Engineer/Architect |
| **Spouse** |  |
| **States & cities you lived at in 2020: Dates of Residence** | | **From** | **To** |
| **Glendale, CA** | | 1/1/2020 | 12/31/2020 |
|  | |  |  |
|  | |  |  |

***Stimulus Check***

**Did you get the 3rd Stimulus Check?**

Yes: \_\_\_\_\_\_\_ ( Provide Amount ) No: \_\_\_\_X\_\_\_

**Did you receive Advance child tax Credit?**

Yes: \_\_\_\_\_\_\_ Total Amount as of 12/31/2021 \_\_\_\_\_\_\_

No: \_\_X\_\_\_\_\_

Retirement Plan Distribution Under Covid-19 Disaster ? Yes \_\_\_ No \_\_X\_\_\_

***Healthcare Questions (NJ, CA, MA, RI, DC RESIDENTS, PENALTY APPLIES):***

**1095 A: If self-purchase Health Insurance**

**If MA State Resident: Provide 1099 HC**

***INCOME DOCUMENTS***

**W2: All that you have received.**

**1099 INT Recd from your bank(s)for Interest Earned.**

**1099 DIV Dividend Income**

**1099 Misc. Referral Bonus, Independent Contractor or Self Employed**

**K-1 For Partners or Shareholders in Businesses**

**W2 G Casino or Lottery Winnings**

**1099 G Govt. Payments (Last year’s refund or Unemployment income)**

**1099 Consolidated Brokerage account for stocks & mutual funds.**

**1099C Cancellation of Debt (Loan)**

|  |
| --- |
| **CRYPTO Currency 1099 or Similar Report** |
| **1099 SA HSA Distribution** |

***DEDUCTIONS DOCUMENTS & INFORMATION***

**IRA Contributions: Please check with us before contributing if you will benefit or not**

**1098 T: Statement of Tuition Paid to a college for higher education or**

**receipts of Payment (Cash or Credit Card)**

**1098-E: Student Loan Interest Statement**

**H.S.A Account: Total contributions, total withdrawals, A/C value as of Dec 31st.**

**Donations: Cash or kind (clothing, shoes or an old car etc.)**

**Taxes Paid To State or City when filing 2020 Tax return last year**

***Charitable Contribution***

Did you make any Charitable Contribution?

Amount: \_\_\_\_\_\_\_\_NA\_\_\_\_

***Homeowner Deductions :***

**Form 1098 Mortgage interest statement: Interest paid on Primary Residence Loan & or secondary home**

**Amount for Points Paid on the Loan**

**Mortgage Insurance Amount**

**Property Taxes**

***CHILD CARE 1 EXPENSES: (Only applicable to working couple & Single Parents)***

|  |  |
| --- | --- |
| **Total Expenditure on Childcare** | **$** |
| **Daycare providers Name** |  |
| **SSN (EIN if a Day Care Center)** |  |
| **Address** |  |
| **Telephone #** |  |

***CHILD CARE 2(If Applicable) EXPENSES: (Only applicable to working couple & Single Parents)***

|  |  |
| --- | --- |
| **Total Expenditure on Childcare** | **$** |
| **Daycare providers Name** |  |
| **SSN (EIN if a Day Care Center)** |  |
| **Address** |  |
| **Telephone #** |  |

***Foreign Bank Accounts (FBAR & FATCA)***

**Need not provide the information to us but the report needs to be filed *BY APRIL 15th* if you had more than $10000 in foreign bank accounts or mutual funds etc**

Does the filer have a financial interest in 25 or more financial accounts?

Yes: \_\_\_\_\_ Enter number of accounts: \_\_\_\_\_\_\_\_ **If “Yes” is checked do not complete Part II or Part III but retain records of this information.**

No: \_\_\_X\_\_

Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes: \_\_\_\_\_ Enter number of accounts: \_\_\_\_\_\_\_\_ **If “Yes” is checked complete Part IV items 34 through 43 for each person on whose behalf**

**the filer has signature authority.**

No: \_\_X\_\_\_

**Information for each account separately**

**Single or Joint A/C**

|  |  |
| --- | --- |
| **Maximum Account Value: 484594 INR** | **Maximum Account Value Unknown:**\_\_\_\_\_\_\_ |
| **Type of Account:** | **Fixed Deposit** |
| **Financial Institution Name:** | Bank Of India |
| **Account Number or other designation:** | 051345210000165 |
| **Address:** | Sahakarnagar c&p , Plot 4 CST 1894 , PARVATI |
| **City: Pune** | **State: Maharashtra** |
| **Foreign Postal Code: 411009** | **Country/Region: India** |

|  |  |
| --- | --- |
| **Maximum Account Value: 309729 INR** | **Maximum Account Value Unknown:**\_\_\_\_\_\_\_ |
| **Type of Account:** | **Fixed Deposit** |
| **Financial Institution Name:** | Bank Of India |
| **Account Number or other designation:** | 051345210000166 |
| **Address:** | Sahakarnagar c&p , Plot 4 CST 1894 , PARVATI |
| **City: Pune** | **State: Maharashtra** |
| **Foreign Postal Code: 411009** | **Country/Region: India** |

|  |  |
| --- | --- |
| **Maximum Account Value: 9454 INR** | **Maximum Account Value Unknown:**\_\_\_\_\_\_\_ |
| **Type of Account:** | **SAVINGS ACCOUNT** |
| **Financial Institution Name:** | Bank Of India |
| **Account Number or other designation:** | 05131310000077 |
| **Address:** | Sahakarnagar c&p , Plot 4 CST 1894 , PARVATI |
| **City: Pune** | **State: Maharashtra** |
| **Foreign Postal Code: 411009** | **Country/Region: India** |

**ITIN Application: (Only when applying for ITIN, NOT applicable to SSN Holders )**

**Applicant 1**

|  |  |
| --- | --- |
| **Name** | **Last Name: First Name:** |
| **Date of Birth** |  |
| **Country of Birth** |  |
| **Passport Number** |  |
| **Date of Issue** |  |
| **Date of Expiration** |  |
| **Country of Issue** |  |
| **Visa Type** |  |
| **Visa Number** |  |
| **Visa Expiration Date** |  |
| **First Date of Entry in USA under current Visa** |  |

**Applicant 2**

|  |  |
| --- | --- |
| **Name** | **Last Name: First Name:** |
| **Date of Birth** |  |
| **Country of Birth** |  |
| **Passport Number** |  |
| **Date of Issue** |  |
| **Date of Expiration** |  |
| **Country of Issue** |  |
| **Visa Type** |  |
| **Visa Number** |  |
| **Visa Expiration Date** |  |
| **First Date of Entry in USA under current Visa** |  |