

CLIENT TAX INFORMATION SHEET

Peterson CPA Firm P.C. ♦ 339 East Parkwood Ave ♦ Friendswood, TX 77546

Note: A fillable form is also on our website if you prefer to use that.

Tax Year: _____

Date: _____

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Taxpayer Name:</td> <td></td> </tr> <tr> <td colspan="2"><u>Fill out only if info has changed.</u></td> </tr> <tr> <td>Soc. Sec. Number:</td> <td></td> </tr> <tr> <td>Date of Birth:</td> <td></td> </tr> <tr> <td>Occupation:</td> <td></td> </tr> <tr> <td>Email Address:</td> <td></td> </tr> <tr> <td>Home Phone:</td> <td></td> </tr> <tr> <td>Work Phone:</td> <td></td> </tr> <tr> <td>Cell Phone:</td> <td></td> </tr> </table>	Taxpayer Name:		<u>Fill out only if info has changed.</u>		Soc. Sec. Number:		Date of Birth:		Occupation:		Email Address:		Home Phone:		Work Phone:		Cell Phone:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Spouse's Name:</td> <td></td> </tr> <tr> <td colspan="2"><u>Fill out only if info has changed.</u></td> </tr> <tr> <td>Soc. Sec. Number:</td> <td></td> </tr> <tr> <td>Date of Birth:</td> <td></td> </tr> <tr> <td>Occupation:</td> <td></td> </tr> <tr> <td>Email Address:</td> <td></td> </tr> <tr> <td>Home Phone:</td> <td></td> </tr> <tr> <td>Work Phone:</td> <td></td> </tr> <tr> <td>Cell Phone:</td> <td></td> </tr> </table>	Spouse's Name:		<u>Fill out only if info has changed.</u>		Soc. Sec. Number:		Date of Birth:		Occupation:		Email Address:		Home Phone:		Work Phone:		Cell Phone:	
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City: _____	State: _____ Zip: _____																																				

<u>Fill out only if info has changed.</u>					Filing Status
Single	Married Filing Jointly	Married Filing Separately	Head of Household	Qualifying Widow/er	

Fill out only if info has changed. Note: Dependents cannot claim themselves as a dependent on their own return.

Dependent Name (First, Middle Initial, Last)	Date of Birth	Dependent's Soc. Sec. Number	Relationship	Child Care	College Tuition
				Y N	Y N
				Y N	Y N
				Y N	Y N
				Y N	Y N
				Y N	Y N

Health Insurance:	
Was everyone listed above covered by a qualified health insurance plan for all of 2018?	Y N

If the answer to the above question was **NO**, please give us a list of individuals and which months they were insured.

Additional Questions:	
1. Could someone else claim you/your spouse as a dependent?	Y N
2. Have you received any correspondence from the IRS regarding prior year tax returns?	Y N
3. If you are new to our practice, who may we thank for referring you? Name: _____	

If you are a new client, you will need to provide previous year tax returns.

For new Partnerships or Sub S corporations you will need to provide previous year returns and K-1's.

Last year, did you (or your spouse):			
1. Purchase a motor vehicle?			Y N
2. Attend school as a full-time student?			Y N
3. Purchase supplies used as an educator? (teacher, teacher's aide, counselor)			Y N
4. Purchase and install energy-efficient home item? (windows, A/C, insulation)?			Y N
5. Paid estimated tax payments? If so, list all dates and amounts:			Y N
Amount	Date	Amount	Date

Documentation Included		
<input type="checkbox"/> Salary/Wages (W2)	<input type="checkbox"/> Rental Property Income	<input type="checkbox"/> Self-Employment Expenses
<input type="checkbox"/> Self Employed/Business Income	<input type="checkbox"/> Interest (1099-INT)	<input type="checkbox"/> Child Care Expenses
<input type="checkbox"/> Independent Contractor (1099-MISC)	<input type="checkbox"/> Dividends (1099-DIV)	<input type="checkbox"/> Charitable Contributions
<input type="checkbox"/> Unemployment (1099-G)	<input type="checkbox"/> HSA (1099-SA)	<input type="checkbox"/> Prior Year's Tax Return (New Clients Only)
<input type="checkbox"/> Stocks/Bonds (1099-B)	<input type="checkbox"/> Mortgage Statement (1098)	<input type="checkbox"/> Estimated Tax Payments Made
<input type="checkbox"/> IRA Distributions (1099-R)	<input type="checkbox"/> Real Estate Taxes Paid	<input type="checkbox"/> Partnership/S-Corp - K1
<input type="checkbox"/> Social Security Benefits (SS-1099)	<input type="checkbox"/> Education Expenses (1098-T)	<input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Lottery/Gambling Winnings	<input type="checkbox"/> Student Loan Interest (1098-E)	<input type="checkbox"/> State Return - _____

If you are due a refund, would you like direct deposit?		
		Y N
<input type="checkbox"/> Check Box if Direct Deposit Information is the same as last year.		
If not, please provide new information below:		
Bank:	Routing #:	Account #:

Please circle if you would like to electronically file the return or paper file.	Efile	Paper
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Please provide reason for paper filing:

How do you want to receive your completed return?	
Pick up at the office	Emailed (Password Protected)
Electronic Dropbox (Sharefile)	Mail (Additional fee for mailing)

PETERSON CPA FIRM P.C.
Certified Public Accountants

339 East Parkwood Ave
Friendswood, Texas 77546
Phone: (281) 482-1240 Fax: (281) 482-3070
www.cpapeterson.com

We appreciate the opportunity to advise you regarding tax matters and preparing your 2018 tax return. To ensure a complete understanding between us, we are stating the following pertinent assumptions about our advice. Please indicate your agreement by signing at the bottom of the page.

We will prepare all tax returns in accordance with Statements on Standards for Tax Services issued by the AICPA and comply with the AICPA's Code of Professional Conduct, including the ethical principles of integrity, objectivity, professional competence and due care.

You are responsible for the substantial accuracy of your financial records, and the full and accurate disclosure to us of all relevant facts affecting the return(s). You also have final responsibility for the tax return and, therefore, you should review the return carefully before signing the return or the authorization for us to electronically file it.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation, and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosures before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit disclosure, we reserve the right to withdraw from this engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of the withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in our fees for preparation of the tax return(s).

If your return is required to be paper filed, then signature serves as authorization.

Signature _____ Date _____

I also represent the following organization(s) and am signing and binding them to this agreement:

Name of Organization

Name of Organization

Name of Organization

Name of Organization

Name of Organization

Name of Organization