

2021/TY2020 "Returning" Client Information

Kathy's Tax Service LLC

Will prepare your federal and state income tax returns based on the information you furnish to us. It is your responsibility to provide all the information necessary to complete your tax returns. You will retain all necessary supporting documentation should it be required for an audit examination at a later date either by the IRS or state. You acknowledge that should you receive letters from the IRS or State requesting more information that the Tax Prep fees do not cover this and you will be required to pay separate fees at \$75/hr. If your income tax refund is kept by the Internal Revenue Service (IRS) to be applied to a prior debt, you agree to pay \$150 to settle your account.

If data is entered into our tax preparation software and you elect to go elsewhere a **Minimum \$50 Consultation Fee** applies.

Taxpayer

Social Security Number

Name _____

Address _____

City / State / Zip Code

Date of Birth _____

Spouse

Social Security Number

Name _____

Address _____

City / State / Zip Code

Date of Birth _____

Cell Phone# _____

Cell Phone# _____

Email Address

Email Address

Do you have Health Insurance? No Yes

Do you have Health Insurance? No Yes

Provider? _____

Provider? _____

I agree to receiving automated phone calls and/or text messages at the phone numbers provided above about my tax returns and future reminders/offers (Not a condition for purchase).

***** COMPLETE THE OTHER SIDE *****

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Dependent Information –

Same as Last Year
 New This Year
 NONE

Name / Social Security Number	Birth Date	Relationship to You	# Months Lived in Your home in 2019	Full Time Student	U.S. Citizen	Health Insurance
_____ 1) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 2) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 3) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 4) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 5) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

You represent to us that the information provided is true, complete and accurate.
 (Both spouses must sign for the preparation of joint returns)

 Taxpayer Signature

 Date

 Spouse Signature

 Date

OFFICE USE ONLY: Reviewed By _____