

# “NEW” Client Information (2023/TY2021)

How did you hear about us? \_\_\_\_\_

**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 \$125/hour. If your refund is kept by the IRS to be applied to a prior debt, you agree to pay the original preparation fee as a settlement of your account.

**Minimum \$150 Consultation Fee applicable if data is entered into our tax preparation software and you elect to go elsewhere.**

## Taxpayer

Social Security Number	Name	Date of Birth	Occupation
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Do you have Health Insurance?	<input type="checkbox"/> No	Yes <i>Is your provider Marketplace Health Insurance?</i>	_____ <i>Did you include</i>
Cell Phone#	_____	<i>Form 1095-A?</i>	_____ Home Phone# _____
Email Address	_____		

## Spouse

Social Security Number	Name	Date of Birth	Occupation
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Do you have Health Insurance?	<input type="checkbox"/> No	<i>Yes Is your provider Marketplace Health Insurance?</i> _____	
Cell Phone#	_____	<i>Did you include Form 1095-A?</i> _____	
_____	_____	Home Phone# _____	
Email Address	_____		

## As of December 31, 2022 were you?

- |   |   |     |    |
|---|---|-----|----|
| <input type="checkbox"/> Married?           | Did you live with your spouse during any part of the last six months of 2022? | Yes | No |
| <input type="checkbox"/> Divorced?          | Date of final decree: _____   |     |    |
| <input type="checkbox"/> Legally Separated? | Date of separate maintenance agreement: _____                                 |     |    |
| <input type="checkbox"/> Widowed?           | Year of Spouse's death: _____   |     |    |
| <input type="checkbox"/> Single?            |   |     |    |
- 
- |  |                              |  |                              |
|--|------------------------------|--|------------------------------|
| Do you owe any DELINQUENT Federal taxes?       | <input type="checkbox"/> Yes | Did you pay any ESTIMATED Federal taxes? | <input type="checkbox"/> Yes |
| Do you owe any DELINQUENT State taxes?         | <input type="checkbox"/> Yes | Did you pay any ESTIMATED State taxes?   | <input type="checkbox"/> Yes |
| Are you in DEFAULT of any Student or VA loans? | <input type="checkbox"/> Yes | Do you owe Child Support?                | <input type="checkbox"/> Yes |

Complete the Back Side

<b>Dependent Information –</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NONE			
Name / Social Security Number	Relationship to You	# Months Lived in Your home in 2020	Birth Date	Full Time Student	U.S. Citizen	Health Insurance
_____ <b>1) Name</b> _____ 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
_____ <b>2) Name</b> _____ 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
_____ <b>3) Name</b> _____ 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
_____ <b>4) Name</b> _____ 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
_____ <b>5) Name</b> _____ 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

I agree to receive 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).

***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** \_\_\_\_\_