

CLIENT INFORMATION SHEET

DATE IN _____

PERSONAL INFORMATION

HAS ANY CONTACT INFORMATION CHANGED? NO YES (PLEASE CONTINUE WITH PACKET)

(HEAD OF HOUSEHOLD)

NAME _____ SS# _____ DOB _____

OCCUPATION _____

(SPOUSE)

NAME _____ SS# _____ DOB _____

OCCUPATION _____

MARITAL STATUS AS OF 12/31/2021 (circle one)

SINGLE

MARRIED

SEPARATED

DIVORCED

WIDOWED

PHYSICAL ADDRESS _____

PHONE NUMBERS

HOME _____

H of H CELL _____

MAILING ADDRESS _____

SPOUSE CELL _____

H OF H EMAIL _____

SPOUSE EMAIL _____

HOW DO YOU PREFER TO RECEIVE YOUR COMPLETED TAX RETURN? (CIRCLE ONE)

PICK UP IN PERSON

MAIL

Refund Information

In the event that you are eligible for a refund on this return, please indicate the refund delivery method of your choice below:

_____ Paper check delivered to address listed within this packet
* By selecting this option you certify that you have provided the correct mailing address as part of the attached documents.

_____ Not Applicable

_____ Direct Deposit
(voided check or neatly printed account information required)

_____ Credit refund toward upcoming tax year
* By selecting this option you certify that you understand you will not tangibly receive any associated monies. All monies will be reflected as a credit on your next year return.

Bank Routing Number: _____

Bank Account Number: _____

2021 Tax Appointment Worksheet

Questions 1-10 MUST be answered and questions 11-25 need to be reviewed.

- _____ 1. Did you receive the \$1,400 per person COVID stimulus payment (letter 1444-C) ___ YES ___ NO
- _____ 2. Did you receive the Advance Child Tax Credit (**Letter 6419 REQUIRED**) ___ YES ___ NO
- _____ 3. Did you or your spouse draw unemployment in 2021? (1099-G REQUIRED)
- _____ 4. Did you or your spouse receive early retirement distributions (pension income) in 2021? (1099-R REQUIRED) ___ YES ___ NO
- _____ 5. Did you pay childcare (daycare) expenses in 2021? (name, address, social security number or FEIN number of provider and amount paid REQUIRED)
- _____ 6. Did you own and operate a single-member LLC in 2021 (**If so, PLEASE COMPLETE A BUSINESS PACKET**)
- _____ 7. Did you make any estimated payments in 2021? (Front and Back copies of checks REQUIRED)
- _____ 8. Was your health insurance through the Marketplace in 2021? (**if YES, 1095-A REQUIRED**)
- _____ 9. Did you pay any college educational expenses (tuition, books, travel, or equipment) in 2021? (1098-T REQUIRED)
- _____ 10. Did you do any energy efficient updates to your home in 2021? ___ YES ___ NO
- _____ 11. Did you start or end a small business (Sch C, LLC, S- or C-corp., or partnership) in 2021?
- _____ 12. Did you have debt forgiveness, abandonment of property, or cancellation of debt in 2021? (1099-C REQUIRED if applicable)
- _____ 13. Did you file bankruptcy in 2021? (discharge paperwork REQUIRED)
- _____ 14. Did you purchase an electric car ___ YES ___ NO
- _____ 15. Did you purchase a personal residence, land, or other real estate in 2021? (closing statement REQUIRED)
- _____ 16. Did you pay alimony in 2021?
If yes, when was the divorce final? _____
Amount paid per year: _____
- _____ 17. Did you receive alimony in 2021?
If yes, when was the divorce final? _____
Amount received per year: _____
- _____ 18. Did you pay property taxes on a home in 2021?
- _____ 19. Did you pay property taxes on a vehicle (including motorcycles, RV's, and boats) in 2021?
- _____ 20. Did you pay sales tax on the purchase of a vehicle (including motorcycles, RV's, and boats) in 2021?
- _____ 21. Did you have a home mortgage in 2021?
- _____ 22. Do you have a home equity loan?
- _____ 23. Did you have medical, dental, or drug expenses exceeding 10% of your income in 2021?
_____ Medical miles
- _____ 24. Did you have charitable contributions of money, property, or out-of-pocket expenses in 2021?
_____ Charitable miles
_____ Transfer of IRA to charity
- _____ 25. Did you pay student loan interest in 2021? (1098-E REQUIRED)

H OF H/AOTC/CTC/EIC CHECKLIST
(CHILDREN & DEPENDENTS ONLY - DO NOT LIST SPOUSE)

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Name				
Social Security #				
Date of Birth				
Sex (M or F)				

Please answer the following questions about each corresponding dependent:

	Dependent 1		Dependent 2		Dependent 3		Dependent 4	
How is dependent related to you?								
Is dependent single or married?								
Did dependent live with you for more than half the year?	YES	NO	YES	NO	YES	NO	YES	NO
Was dependent under age 19?	YES	NO	YES	NO	YES	NO	YES	NO
Was dependent in school full-time?	YES	NO	YES	NO	YES	NO	YES	NO
Was dependent disabled?	YES	NO	YES	NO	YES	NO	YES	NO
If dependent was in college, what year? (1, 2, 3, etc.)								
Have you ever been disallowed Earned Income Credit, Child Tax Credit, American Opportunity Tax Credit in prior year(s)?	YES	NO	YES	NO	YES	NO	YES	NO
Could any other person claim dependent on their tax return?	YES	NO	YES	NO	YES	NO	YES	NO
Do you understand tie-breaker rules if more than one person can claim your dependent?	YES	NO	YES	NO	YES	NO	YES	NO
Do you have an active 8332 (Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent) form in place (if needed)?	YES	NO	YES	NO	YES	NO	YES	NO
Did you provide more than half of the upkeep of a home?	YES	NO	YES	NO	YES	NO	YES	NO

Davis & Davis Tax Services
125 Clay Drive, Suite B
Berea, KY 40403
(859)986-1717

TAX RETURN ENGAGEMENT LETTER

IT IS UNDERSTOOD AND AGREED THAT YOUR RESPONSIBILITY AS THE TAXPAYER IS AS FOLLOWS:

(a) The accuracy of the information and completeness of the representations reflected in your return is your responsibility under the *Income Tax Act*. You represent that the information supplied to us is, to your knowledge, correct and complete, and fully discloses all of your reporting requirements under the *Income Tax Act*.

(b) You confirm that all income and deduction items included in your tax return are correct and complete. You confirm that all sources of income have been disclosed, all deductions were incurred to earn income, and all credits claimed are supported by receipts.

IT IS UNDERSTOOD AND AGREED THAT OUR ROLE AS YOUR TAX RETURN PREPARER IS AS FOLLOWS:

(a) We will not audit, review or otherwise attempt to verify the accuracy or completeness of any information provided. It is up to you to provide us with accurate and complete information necessary to prepare such personal income tax return(s).

FEES

Upon completion of your income tax return or after providing advice or other service on any matters respecting same, we will render you a bill for services at our usual billing rate. It is agreed this invoice will be paid upon receipt. Changes in tax laws may result in changes to reporting and procedural requirements that may affect our usual billing rates. Therefore, changes in fee structure do not negate this agreement.

If the services outlined are in accordance with your requirements and if the above terms are acceptable to you, please sign this letter in the space provided. We appreciate the opportunity of continuing to be of service to you (and your family) in the preparation of your income tax return(s).

PRIVACY POLICY

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us from third parties with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you, such as the bank through which all refund transfers are issued. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

While efforts are made to maintain security of both electronic and physical records retained by our facility, it is the responsibility of the client to maintain the security of the items provided to them both in physical and electronic format once they have taken possession. By signing below, you, the client, acknowledge that you understand it is your responsibility to safeguard physical documents, flash drives, and electronic copies of records once they have been provided to you by our facility.

Please advise us if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

PLEASE SIGN INSIDE THE BOX(ES) BELOW:

By signing below, you authorize Davis & Davis Tax Services to electronically sign all applicable tax documents on your behalf using this signature. You also agree to the services and terms set above, acknowledge, and accept your responsibilities as the taxpayer and understand the privacy policy.

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE