# MH Accounting & Taxes Inc.

**CLIENT INFORMATION SHEET**

**TAX YEAR \_\_TESTING1\_\_**

* **PLEASECOMPLETE*ALLPAGES*OFTHISFORM**
* **\*INDICATESREQUIREDFIELDS**
* ***RETURNSWILLNOTBEPREPAREDWITHOUTACOMPLETEDINFOSHEET***

**PERSONAL INFORMATION**- ***YOUR LAST NAME MUST BE THE NAME SHOWN ON YOUR SOCIAL SECURITY CARD.***

**YOUR RETURN WILL BE DELAYED DUE TO INCORRECT LAST NAMES BEING SUBMITTED TO THE IRS.**

# \*TAXPAYER

**FIRST NAME MIDDLE INT LAST NAME AS APPEARS ON SOC. SEC. CARD**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FIRST NAME | MIDDLE INT | LAST NAME AS APPEARS ON SOC. SEC. CARD |
| **\*TAXPAYER SS#** | **- -** | **\*BIRTHDATE** | **/ / \*OCCUPATION** |

SPOUSE

SPOUSE SS# - - BIRTHDATE / / OCCUPATION

ARE YOU BEING CLAIMED ON ANOTHER TAXPAYER’S RETURN? YES

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O

**ADDRESS INFORMATION**- **PLEASE WRITE YOUR CURRENT MAILING ADDRESS.**

**\*STREET ADDRESS**

# \*CITY, STATE & ZIP CODE

**E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HOME PHONE NUMBER ( ) CELL NUMBER ( )

# \*HOW DID YOU HEAR ABOUT US? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*DIRECT DEPOSIT / DIRECT WITHDRAWAL- PLEASE ENTER YOUR BANK ACCOUNT INFORMATION. IF**

**YOU DO NOT HAVE A BANK ACCOUNT, PLEASE CHECK THE “NO” BOX. *IF NO BANKING INFORMATION IS ENTERED OR INFORMATION IS INCOMPLETE, YOU WILL RECEIVE YOUR REFUND CHECK(S) IN THE MAIL.***

# \*\*WOULD YOU LIKE TO HAVE YOUR REFUND DIRECT DEPOSITED? YES NO

NAME ON ACCOUNT

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

CHECKING

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**DEPENDENT INFORMATION**- **LIST ANY DEPENDENTS. IF YOU CAN NO LONGER CLAIM SOMEONE AS A DEPENDENT, WRITE “CAN’T CLAIM” AS THE RELATIONSHIP. ALL LAST NAMES MUST BE WRITTEN AS THEY APPEAR ON THE DEPENDENT’S SOCIAL SECURITY CARD.**

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| NAME |  | SOC SEC NUMBER | RELATIONSHIP | BIRTHDATE |
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| NAME |  | SOC SEC NUMBER | RELATIONSHIP | BIRTHDATE |
|  | / |  | / / |  |

NAME SOC SEC NUMBER RELATIONSHIP BIRTHDATE

**CHILD CARE INFORMATION- A CREDIT MAY BE AVAILABLE FOR EXPENSES PAID TO A DAYCARE,**

**PRESCHOOL, OR CAMP. *YOU WILL NEED ALL OF THE FOLLOWING INFORMATION TO QUALIFY FOR THE CREDIT*!**

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**HIGHER EDUCATION INFORMATION-A CREDIT MAY BE AVAILABLE FOR QUALIFIED EXPENSES PAID TO AN INSTITUTION OF HIGHER LEARNING.**

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**FEDERAL ESTIMATED PAYMENTS - LIST ANY QUARTERLY ESTIMATED TAX PAYMENTS YOU MADE TO THE GOVERNMENT.**

FED:

APRIL JUNE SEPT JAN

**ADDITIONAL INFORMATION- IF YOU NEED TO MENTION ANYTHING THAT COULD NOT FIT ON THE**

**INFORMATION SHEET (EXTRA DEPENDENTS, OTHER CHILD CARE INFORMATION, ETC) OR HAVE ANY QUESTIONS LIST THEM HERE.**

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WE (I) HEREBY ATTEST THAT ALL INFORMATION PROVIDED IN THIS CLIENT INFORMATION SHEET IS

CORRECT. WE (I) FURTHER STATE THAT WE HAVE PROVIDED ALL THE DOCUMENTS THAT ARE

REQUIRED TO PREPARE THE \_\_\_\_\_\_\_\_\_(YEAR)TAX RETURN AND SUBMIT THAT WE (I) HAVE ADEQUATE

DOCUMENTATIONTO SUPPORT INCOME & DEDUCTIONS LISTED ON THE TAX RETURN. *MUNOZ*

*ACCOUNTINGINC* WILL NOT BE HELD RESPONSIBLE FOR ANY ERRORS ON THE TAXRETURN DUE TO CLIENT

OMISSIONS OR INCORRECT INFORMATIONON THE CLIENT INFORMATIONSHEET,AND THAT AN ADDITIONAL

FEE WILL BE INCURRED IN ORDER TO MAKE CORRECTIONS. FURTHERMORE,

IT IS UNDERSTOODTHAT WE (I) ARE RESPONSIBLE FOR THE TAX RETURN AND PAYMENT OF MY BALANCE DUE TO THE IRS BY APRIL 15TH.

MOREOVER, IF WE (I) OWE, I UNDERSTANDTHAT I HAVE TO SEND IN THE AMOUNT I OWE WITH MY

EXTENSION. WE (I) UNDERSTANDTHAT IT IS OUR (MY) RESPONSIBILITYTO HAVE REVIEWED THE TAX

RETURN, TRANSMITTALS, AND BANK ACCOUNT INFORMATIONPRIOR TO SIGNING OUR E-FILING WITH THE PREPARER AND ARE AWARE OF THE CONTENT OF THE TAX RETURN AND WHETHER I AM RECEIVING A REFUND OR IF I HAVE A BALANCE DUE. I AM ALSO AWARE THAT MY MISTAKES WILL DELAY MY REFUND.

**THIS ENGAGEMENTIS LIMITED TO THE PREPARATIONOF INCOME TAX RETURNS. ADDITIONAL**

**SERVICES WILL INCUR AN ADDITIONAL CHARGE. WE (I) ALSO ACKNOWLEDGETHAT PAYMENT IS DUE UPON COMPLETIONOF THE TAX RETURN, AND THAT ONCE PAYMENT IS MADE, THE FEE FOR SERVICES RENDERED IS NONREFUNDABLE.**

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|  | **CLIENT NAME** |  |  | **DATE** |  |  |  | **CLIENT SIGNATURE** |  |