

All 4-1 Business Service

Tax Service

Client Data Sheet

We MUST see photo ID

Primary Name (as shown on Social Security Card):				Spouse Name (as shown on Social Security Card):			
Last 4 if SSN:		Date of Birth (MM/DD/YY):		Last 4 of SSN:		Date of Birth (MM/DD/YY):	
Driver's License #:	State	Issue Date	Expire Date	Driver's License #:	State	Issue Date	Expire Date
Email Address:				Email Address:			
Occupation:				Occupation:			
Can anyone else claim you as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No				Can anyone else claim you as a dependent? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Were you married as of <input type="checkbox"/> Yes <input type="checkbox"/> No							
If married, Living together? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, when were you separated? (MM/DD/YY):			
Address:				City:		State:	Zip Code:
State of residence:		Phone (Day):		Phone (Evening):			

Dependent Name (First, Middle, Last) as shown on the social Security card	Date of Birth (MM/DD/YY)	Social Security Number	Relationship	Months lived in your home in
1.				
2.				
3.				
4.				

Can anyone else claim the dependent(s)? No Yes

How many of each of the following income statements types do you have for

TYPE	#	TYPE	#	TYPE	#
W2		1099-R (Retirement)		K-1 (S-Corp Part., Estate)	
1099-INT (Interest Income)		SSA-1099 (Social Security)		Alimony Received	
1099-DIV (Dividend Income)		1099-B (Sale of Stock or Bonds)		Railroad Retirement	
1099-MISC (IRA, 401K, Retirement)		Rental Income		1099-C (Cancellation of Debt)	
1099-NEC (Interest Income)		Installment Sale		Other Income	
1099-G (Unemployment/State Refund)		Like-Kind Exchange			

Self-employed? Yes / No If yes, what type of business?

How many of each

Bought or Sold a home		Retired		Had a Baby	
Married or Divorced		Borrowed from Retirement Acct.		Home Office (Self-employed)	
Bought or Sold a Business		Become Disabled		Energy Credit Qual. Purchased	
Sold Stock		Received an inheritance		Unemployed	

Check all of the following life changes that may apply for

Daycare expenses		Real Estate Taxes-Land/Home		Alimony Paid	
Medical expenses		Unreimbursed Business Exp.		Estimated Taxes Paid	
Education expenses (1098-T)		State Taxes		Student Loan	
Mortgage Interest		Personal Property Tax-auto, boat		IRA Contribution	
Disaster Loss		Charitable Contributions		Foreign Taxes Paid	

- How much Economic Income Payment (Stimulus Check) did you received? First: \$ _____ Second: \$ _____
- Did you have IRS Notice 1444, *Your Economic Impact Payment?* (Stimulus check) Yes No
- Do you, any dependents, or anyone on your behalf purchase Health insurance from the Marketplace? Yes No
 - if yes, do you have your form 1095-A? Yes No
- Do you or your spouse owe the IRS or have Student Loan debt? Yes No

We prepare your return from information you furnished us, without verification. Incorrect information will delay your refund. Keep all records in accordance with IRS requirements. Upon examination of the return by taxing authorities, request may be made for additional data

I certify that all the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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PROFIT & LOSS FORM BUSINESS**SCHEDULE C DATA SHEET**Use this form to help you organize your business related tax info. **All income and expenses must be reported.** Including cash and bartering.Is this the first year filing a Schedule C for this business? Yes No**General Business information****Business income**

Business Name:	Gross Receipts	
Business Fed. EIN#:	Other income	
Business Owner Name:	Inventory at beginning of the year	
Business Phone:	Inventory at end of the year	
Address:	Inventory related expense	
City: State: Zip:	Inventory related wages	
Accounting method: (Select one) <input type="radio"/> Cash <input type="radio"/> Accrual Other method (Specify):	Equipment purchased this year? Date:	
	Type: Cost:	

General Expenses:**Vehicle Expenses (*required)**

Advertising:	Machinery & Equipment	* Description of vehicle:
Commissions:	Maintenance	* Cost of vehicle:
Insurance (except health):	Supplies	* Date placed in service:
Employee benefits program	Taxes - Real Estate	* Have mileage log? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage interest	Taxes - Other	* Total Miles driven:
Other interest (except vehicle)	Travel	* Business miles:
Legal & Professional	Meals & Entertainment	Commuting miles:
Office Expense	Sub-contractor labor	Parking fees & Tolls:
Phone	Wages	Car loan interest:
Pension & Profit sharing	Other Expenses	Total expense
Rent	Materials	

Do you have a home office or storage at home for your business? Yes NoIs the office area used exclusively for business? Yes NoIs the area necessary to operate the business and/or to meet with clients? Yes No

Based on tax, you are required to claim all expenses for your self-employment income?

Note: Qualified Business Deduction (QBI Of 199A) is calculate using the net profit of your business

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Signature: _____ Date: _____

Spouse Signature: _____ Date: _____