



ASHEVILLE  
**Tax Service**

Asheville Tax Service  
485 Hendersonville Road, Unit 6  
Asheville, North Carolina 28803  
[www.Ashevilletax.com](http://www.Ashevilletax.com)

Office(828) 252-1040  
FAX: (828) 785-5788  
Email: [office@ashevilletax.com](mailto:office@ashevilletax.com)

**Dear Client,**

**Your health and safety is important to us. We offer both appointment and virtual/drop off services.**

**Please take a packet and fill out the client info sheets. Enclose your info sheet along with your W-2's, 1099's, 1095-A, and any other supporting documents in the envelope and put it in the drop off mail slot. Also, for new clients please include a copy of your identification and social security card. Returning clients, please only provide an updated copy of your ID and/or SS card as needed.**

**Be sure to leave a current telephone number and email, so that we can contact you with any questions that we might have.**

**Signing the tax return will be via mail, print-sign-scan, or e-signature.**

**You can pay for your return through our processing bank (for a fee), dropping off a check or cash, or we also can receive payment with a credit card online or by phone.**

**Please note:**

- **The IRS will start accepting and processing electronic returns on February 12.**
- **Refunds resulting from Earned Income Credit, Child Tax Credit, Other Dependent Credit and Education Credits will not be released until the first week of March.**
- **Refund availability is when and if the IRS and/or NC deposits the money into the account. We make no promises regarding the refund and have no way of knowing when it will be available.**

**Sincerely,**

**Asheville Tax Service**

**ASHEVILLE TAX SERVICE CLIENT INFO SHEET (\* Previous clients only update any changes)**

<b>New Clients SSN or ITIN</b>				<b>New Spouse SSN or ITIN</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No Were you, your spouse or any dependent issued an Identity Protection PIN (IP PIN)? If so, provide Notice CP01A from the IRS.							
FIRST NAME *				FIRST NAME *			
LAST NAME *				LAST NAME *			
DATE OF BIRTH		OCCUPA-TION		DATE OF BIRTH		OCCUPA-TION	
HOME *		EXT		HOME *		EXT	
CELL *				CELL *			
EMAIL *				EMAIL *			
STREET ADDRESS *					APT. OR LOT NUMBER *		
CITY *				STATE *		ZIP *	
How may we contact you? <input type="checkbox"/> Email, <input type="checkbox"/> Phone Call, <input type="checkbox"/> Text Message. <input type="checkbox"/> Snail Mail							
<b>TAXPAYER IDENTIFICATION INFO</b>				<b>SPOUSE IDENTIFICATION INFO</b>			
Type of photo ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID				Type of photo ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID			
Driver's license or state-issued photo ID number:				Driver's license or state-issued photo ID number:			
State the ID was issued in:				State the ID was issued in:			
Issue date:		Expiration date:		Issue date:		Expiration date:	
<b>TAX PREPARATION INFO</b>							
How do you want to pay for ATS services? <input type="checkbox"/> Cash/Check, <input type="checkbox"/> Credit Card, <input type="checkbox"/> Out of Refund - Bank Product							
If you are due a refund, how do you want to receive it? <input type="checkbox"/> Bank Product Check, <input type="checkbox"/> Bank Product Direct Deposit, <input type="checkbox"/> IRS Check, <input type="checkbox"/> Direct Deposit							
If a Bank Product, please complete the Consent to Use form							
For Direct Deposit:		Routing #		Account #			
<b>HOUSEHOLD INFORMATION: Complete the following</b>							
<b>MARITAL STATUS ON 12/31/20:</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> LEGALLY MARRIED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> Yes <input type="checkbox"/> No If Legally Married, did you live at the same location (with your husband/wife) for even one night <i>on/after June 30, 2020</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Did anyone else live in your home in 2020 besides you and the dependents you plan to list below? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you (apart from Government Assistance) pay over half the cost of keeping your residence?							
<b>PLEASE CHECK IF APPLICABLE</b>	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE CAN BE CLAIMED ON SOMEONE ELSE'S TAX RETURN						
	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE WANT \$3 TO GO TO THE PRESIDENTIAL CAMPAIGN FUND						
	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE ARE LEGALLY BLIND OR DISABLED						
	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE ARE ACTIVELY SERVING IN THE MILITARY						
	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE LIVED & WORKED IN NC ALL OF 2020						
<b>HEALTH INSURANCE COVERAGE: Did you (and spouse) have health insurance in 2020? Check the applicable below.</b>							
Self <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How many months? _____				Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How many months? _____			
<input type="checkbox"/> Obamacare/Marketplace <input type="checkbox"/> 1095 A (Please provide)		<input type="checkbox"/> Employer <input type="checkbox"/> 1095 B		<input type="checkbox"/> Obamacare/Marketplace <input type="checkbox"/> 1095 A (Please provide)		<input type="checkbox"/> Employer <input type="checkbox"/> 1095 B	
<input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> 1095 B		<input type="checkbox"/> Private Health Ins <input type="checkbox"/> 1095 C		<input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> 1095 B		<input type="checkbox"/> Private Health Ins <input type="checkbox"/> 1095 C	
<input type="checkbox"/> Other _____ <input type="checkbox"/> Veteran				<input type="checkbox"/> Other _____ <input type="checkbox"/> Veteran			
<b>DEPENDENT INFORMATION (Do not list yourself or spouse on this form.)</b>							
Please list ALL individuals who live in your home and/or may qualify as your dependent.							
Name (as it appears on SS Card)		DOB	Social Security	Months in Home	Relationship	Disabled	Full-TimeStudent
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have evidence to prove that the above dependents lived in your home such as School Records and/or Medical Bills? <input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone else have the right to claim any dependent listed above? If the dependent is not your child, where is the father and/or mother? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Did any of these dependents have health insurance for 2020? If so, what kind and how many months? _____							

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**INCOME: Did you OR your spouse receive the following in 2020? Check Yes/No (We will assume NO on anything not checked YES.)**

- Yes  No 1 **W-2 forms** from employers for **ALL** jobs worked during 2020 # of W-2 Forms: Taxpayer\_\_\_\_\_ Spouse\_\_\_\_\_
- Yes  No 2 **Tip** income not reported on your W-2 form
- Yes  No 3 **Social Security Benefits, SSI, VA benefits or RR Retirement**
- Yes  No 4 **Unemployment Compensation** including State and Federal
- Yes  No 5 **Pension** and/or **IRA** withdrawal/distribution from your retirement account
- Yes  No 6 **Interest or dividends** from: checking, savings or other investment accounts.
- Yes  No 7 **Capital Gains**-Did you Purchase or Sell any investments in 2020 such as Stocks, Bonds or Land?
- Yes  No 8 **Self Employment** Income or Contract Labor (**1099-Misc**)
- Yes  No 9 **Rental Income** in 2020?
- Yes  No 10 **Disability** Income (from a plan at work, Social Security Disability etc.)
- Yes  No 11 **State Tax Refund (if you filed a 1040 Long form and itemized last year)**
- Yes  No 12 Did you have **debts cancelled** in 2020 (e.g. Car, Credit Card, Home Mortgage) (1099-C)
- Yes  No 13 Any other income such as Farm, Alimony, **Gambling Winnings, Awards, Prizes, Etc.**
- Yes  No 14 Did you receive any distributions or make any contributions from a Health Savings Account (HSA) or Archer MSA during the year?

**ADJUSTMENTS** In 2020, did you or your spouse **pay** for or contribute to:

- Yes  No 1 If an **educator**, any un-reimbursed expense for **school related supplies**
- Yes  No 2 Are you making/ receiving Alimony payments?
- Yes  No 3 IRA or other **retirement** account
- Yes  No 4 Are you making payments on a **student loan**?

**ITEMIZED DEDUCTIONS** In 2020, did you or your spouse **pay**:

- Yes  No 1 Un-reimbursed **medical** expenses *paid* in 2020, incl. Health Ins., Long Term Care, Out of Pocket
- Yes  No 2 Home **mortgage interest, real estate taxes, or vehicle taxes**
- Yes  No 3 Home Equity Interest: That was used to improve your principal residence.
- Yes  No 4 **Charitable contributions**

**CREDITS** In 2020, did you or your spouse **pay** for:

- Yes  No 1 **Day Care** expenses that allow you (and spouse) to work
- Yes  No 2 **Educational** expenses (**college tuition & fees**) for you, spouse or dependents (attach 1098-T)
- Yes  No 3 Did you Purchase or Sell a **Home** in 2020?  Yes  No Did you receive the New Home Buyers Credit in 2008?

**OTHER QUESTIONS**

- Yes  No 1 Did you/spouse/dependents receive stimulus payments, i.e. receive rebate credit/economic impact payments in 2020? If so, please attach notice 1444.
- Yes  No 2 At any time in 2020, did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?
- Yes  No 3 Did you make any estimated payments toward your 2020 taxes?
- Yes  No 4 Did you have a financial interest in or signature authority over funds in a foreign country?
- Yes  No 5 Did you receive a distribution from, or were you a grantor of, or transferer to, a foreign trust?
- Yes  No 6 Did you own property in a foreign country?
- Yes  No 7 Did you receive any notices from the IRS or state tax authority? If yes, explain:\_\_\_\_\_
- Yes  No 8 Do you **owe** ANY government agency? (IRS/NC back taxes, child support, VA, student loans, food stamps, housing assistance, SSA, VA, etc.)
- Yes  No 9 Did you make any energy-efficient improvements to your home during the year?
- Yes  No 10 Did you make **purchases outside of NC** (internet, etc.) and need to pay NC use tax?
- Yes  No 11 Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Please list any other information we may need to prepare your tax return:

*To the best of my knowledge the information shown on this form is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate records. TYPING NAME CONSTITUTES SIGNATURE*

**TAXPAYER (S) SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



ASHEVILLE  
**Tax Service**

**Consent to Use Of Tax Return Information**

ASHEVILLE TAX SERVICE, INC. ("we," "us" and "our")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we will need your consent to use your tax information for the following uses to determine whether these products may be available to you:

- A bank to provide qualifying taxpayers with the opportunity to apply for an e-Advance, a Refund Transfer or a Refund Direct Deposit by analyzing and calculating the amount of your anticipated refund.
- Agrees to the disclosure of prior years refunds and funding amounts to the financial institution.
- A third party to provide qualifying taxpayers with the opportunity to apply for health insurance.
- A third party to provide you with either text or email notifications of acknowledgements regarding various return acceptance status and refund issuance status.
- We may check "Where's my refund" on the IRS website and check the NC Dept. of Revenue website to determine the status of your return and your refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2020 tax return to determine whether to present you with the opportunity to apply for these products and services. *(Typing name constitutes signature)*

Printed Name of Taxpayer: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Joint Taxpayer: \_\_\_\_\_

Joint Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).*