

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

New Clients SSN or ITIN			New Spouse SSN or ITIN			
<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		
HOME *		EXT		HOME *		
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						
TAXPAYER IDENTIFICATION INFO			SPOUSE IDENTIFICATION INFO			
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:	
TAX PREPARATION INFO						
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 #		
HOUSEHOLD INFORMATION: Complete the following						
MARITAL STATUS ON 12/31/20: <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?						
PLEASE CHECK IF APPLICABLE	<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					
HEALTH INSURANCE COVERAGE: Did you (and spouse) have health insurance in 2020? Check the applicable below.						
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"/> Obamacare/Marketplace <input type="checkbox"/> 1095 A (Please provide)				
<input type="checkbox"/> Employer <input type="checkbox"/> 1095 B		<input type="checkbox"/> Employer <input type="checkbox"/> 1095 B				
<input type="checkbox"/> Medicare/Medicaid <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"/> Private Health Ins <input type="checkbox"/> 1095 C				
<input type="checkbox"/> Other _____ <input type="checkbox"/> Veteran		<input type="checkbox"/> Other _____ <input type="checkbox"/> Veteran				
DEPENDENT INFORMATION (Do not list yourself or spouse on this form.)						
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** _____