

**TAX PREPARATION CLIENT DATA SHEET**

**PREPARER** \_\_\_\_\_

**DATE** \_\_\_\_\_

**ARE YOU A NEW CLIENT?** YES  NO

**REFERRED BY:** \_\_\_\_\_

**PRIMARY TAXPAYER:**

**SPOUSE OR PARTNER:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_

Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

➤ ***A DRIVER'S LICENSE OR STATE ISSUED ID MAY BE REQUIRED TO FILE CERTAIN RETURNS***

**Taxpayer Information:**

**Spouse or Partner Information:**

**Issuing State of License:** \_\_\_\_\_

**Issuing State of License:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_

**DEPENDENTS: PROVIDE US WITH A COPY OF EACH DEPENDENT'S BIRTH CERT. AND SS CARD**

NAME	DATE OF BIRTH	SS NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STATUS:**

MARRIED  SINGLE  DIVORCED/SEPARATED  WIDOWED  HEAD OF HOUSEHOLD

**Amounts received for 1<sup>st</sup> Stimulus \$ \_\_\_\_\_ 2<sup>nd</sup> Stimulus \$ \_\_\_\_\_**

**Did you receive a PPP loan and/or SBA loan? \_\_\_\_\_ Amount received \$ \_\_\_\_\_**

➤ **IN ORDER TO HAVE YOUR REFUND DIRECT DEPOSITED PLEASE GIVE YOUR TAX PREPARER THE FOLLOWING INFO:**                                      CHECKING                                       SAVINGS

BANK'S NAME: \_\_\_\_\_  
RTE# \_\_\_\_\_  
ACCT# \_\_\_\_\_

*We are open all year long and we offer additional services other than Taxes, if interested please speak to your preparer regarding any of the following: REAL ESTATE, NOTARY SERVICES*

**DOCUMENT CHECKLIST**

**INCOME:**

- Employer (W-2)
- Self-Employed (1099-Misc)
- Interest Income (1099-Int)
- Dividend Income (1099-Div)
- Stock or Mutual Funds (1099-B)
- Social Security (SSA-1099)
- IRA, 401K, Pension, Annuity (1099-R)
- Unemployment (1099-G)

**FOREIGN ACCOUNT/AUTHORITY:**

Bank/Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Maximum Value of Acct: \_\_\_\_\_

**IN NY MUST OBTAIN FROM NY WEBSITE**  
( <https://www.labor.ny.gov/signin> ) or 1 888 209-8124

- Foreign Income

**NY 529 COLLEGE SAVINGS PROGRAM:**

- NY 529 PLAN AMOUNT CONTRIBUTED in 2020: \_\_\_\_\_

**HEALTH INSURANCE:** (Be prepared to provide your Form 1095)

- i) Did you/your entire household have Health Insurance Coverage for the Entire 2020 Tax Year? \_\_\_ YES \_\_\_ NO
- ii) Where did you obtain your insurance from: \_\_\_\_\_ Employer \_\_\_\_\_ Marketplace

**COLLEGE TUITION:**

Did you, your spouse, or dependent attend a College/University during 2020? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, you must supply us with Form 1098-T, along with a Bursar Receipt indicating amounts paid during 2020.

**CHILD AND DEPENDENT CARE EXPENSES:**

In order to claim this expense, and possibly receive a credit, we need to following information:

Care Provider/Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer ID Number/Social Security Number: \_\_\_\_\_  
Amount of Expense Incurred: \_\_\_\_\_

**DEPENDENT/QUALIFYING PERSON:**

If you are claiming a dependent/qualifying person on your return please check all that apply:

- Were you considered unmarried in 2020 (you are filing married filing separate, single or head of household and your spouse didn't live in your home during the last 6 months of the tax year)
- Your home was the main home of the child/qualifying person for more than half the year
- You paid more than half the cost of keeping up your home

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***DON'T FORGET TO TAKE A LOOK AT OUR IMPERATO TAX SERVICES WEBSITE:  
WWW.IMPERATO.COM***