

Angela's Tax Services, LLC

Date Received: _____

New Client: Yes No

Taxpayer's Name: _____

Spouse: _____

Phone #: _____

PH#: _____

Email: _____

Email: _____

SS#: _____

SS#: _____

Date of Birth: _____

Date of Birth: _____

Mailing Address: _____ City/ST/Zip: _____

Filing Status: Single Married Filing Joint Married Filing Separate HOH Qualifying Widower

Dependents:

Name:	Date of Birth:	Relationship to you:	SS#:

Banking information: If you would like direct deposit or direct debit of your tax refund or taxes due.

Routing: _____

Checking

Account: _____

Savings

Do you have any of the following and are ALL the documents included and organized?

*(Please note: There will be an additional charge of \$65/hr. for bookkeeping services.)

- Own you own business/Independent Contractor (Schedule C)
- Rental Property (Schedule E)
- Farm Income (Schedule F)

Please provide an ID for all individuals that will be on the return.

Angela's Tax Services, LLC

1. Were you a resident of CO all year?

Yes No -----If **NO**: Other State(s) of residency: _____
Date moved: _____

2. Do you have an identity protection PIN number from the IRS?

Yes No *If Yes, please be sure to include*

3. Did you have a financial interest in or authority over a financial account or foreign trust, during 2022?

Yes No

4. At any point during 2022, did you receive (as a reward, award, or payment) or sell, exchange, gift or otherwise dispose of a digital asset (or any financial interest in a digital asset)?

Yes No

5. During 2022, did you purchase health insurance through Connect for Health Colorado(or the marketplace for your state)?

Yes No *If Yes, we will need Form 1095-A*

6. Would you like your tax prep fee to be deducted from you refund?

Yes No *(Please note: There is an additional fee for this service.)

If **YES: Please answer ONE of the following security questions.

- | | |
|----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Mother's maiden name? | <input type="checkbox"/> What high school you attended? |
| <input type="checkbox"/> Name of your first pet? | <input type="checkbox"/> Father's middle name? |
| <input type="checkbox"/> Name of your oldest child | Answer: _____ |

NOTES: Returning clients- Any changes from prior years? New Clients- Any info not included elsewhere.
