

# Angela's Tax Services, LLC

Tax Year: \_\_\_\_\_

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)
- Sale of Real Estate (1099-S)

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

# 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? \*\*This would be due to identity fraud

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

3. Did you have a financial interest in/authority over any foreign financial accounts/trusts, during the tax year?

Yes  No

4. At any point during the tax year, 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 the tax year, 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 your refund?\

**You must provide- Valid Driver's Lic, Physical Address, Bank account and Ph #**

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

THIS SERVICE IS ONLY AVAILABLE DURING TAX SEASON

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

Mother's maiden name?

What high school you attended?

Name of your first pet?

Father's middle name?

Name of your oldest child

**Answer:** \_\_\_\_\_

\_\_\_\_\_

NOTES: Any info not included elsewhere- Dependent Custody information, Injured Spouse, Energy credits...etc. Also any questions for the preparer.

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