

# WELCOME TO MELISSA'S ADMINISTRATIVE SERVICES!

*Where filing your tax return is as easy as 1, 2!*

**1 Drop off**  
Your paperwork

**2 Schedule**  
A follow-up appointment

Are you a returning MAS client?  Y  N

What date would you like your return to be ready? \_\_\_\_\_

### CLIENT INFORMATION:

Primary Taxpayer Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN# or ITIN#: \_\_\_\_\_ SSN# or ITIN#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
                   Single                   Married                   Widowed

Occupation: \_\_\_\_\_ Physical Address (if different): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Preferred Contact Method:      Email      Phone      Email: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

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

Can you be claimed as a depended by someone else?  Yes  No

Are you an active member or the spouse of an active member of the military?  Yes  No

### DEPENDENTS:

Name	Relationship	Date of Birth	SSN# or ITIN	Full-Time Student?	Disabled?



**CHECK ALL THAT APPLY AND INCLUDE DOCUMENTS**

**INCOME:**

- Employer (W-2)
- Self-Employment\*
- Interest (1099-Int)
- Social Security (SSA-1099)
- Retirement Plan Distribution\* (1099-R)
- Dividends (1099-Div)
- Rental Property\*
- Stock or Mutual Fund Sale (1099-B)
- 1099-NEC
- Unemployment

**EXPENSES:**

- Self-Employment\*
- Un-reimbursed by your employer
- Education
- Rental Property\*
- Medical/Dental Care
- Union Dues

**CREDIT & DEDUCTIONS:**

- Donate cash or goods to a charity?
- Pay student loan interest?
- Pay child/dependent care expenses?
- Have a mortgage payment? (1098)
- Make an IRA contribution?
- Make a major taxable purchase?
- Pay property taxes?
- HSA contribution?

**HEALTH INSURANCE:**

Where you or any members of your household:

- Covered by a qualified employer, private or government health insurance plan?
- Enrolled in a health insurance plan through the federal or state marketplace?

**MISCELLANEOUS:**

Did you or your spouse:

- Sell a home?
- Pay/Receive alimony?
- Adopt a child?
- Suffer catastrophic loss?
- Have gambling winnings/losses?
- Change in marital status?

*\*If this applies, we recommend you meet with us in person to discuss your tax situation before dropping off your information. Worksheet available.*

**TELL US ABOUT YOUR YEAR:**

*We want to find as many credits and deductions that we can. Examples: bought property, installed energy-efficient windows, had a child*

---

---

---

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Taxpayer Spouse Signature

\_\_\_\_\_  
Taxpayer Printed Name

\_\_\_\_\_  
Taxpayer Spouse Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**TAX PROFESSIONAL TO COMPLETE THE SECTION BELOW:**

- Client received the Privacy Policy?
- Client reviewed and signed the Client Service Agreement?
- Is the client interested in a refund transfer?
- If the client is interested in refund transfer, has the client reviewed and signed a consent to use?
- How would the client like to review and approve their tax return?      Online      Return to Office

If approve online is selected, you must verify Taxpayer and Spouse unexpired government-issued photo ID

Taxpayer ID Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_      Spouse ID Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Taxpayer ID Number: \_\_\_\_\_      Spouse ID Number: \_\_\_\_\_

Place of Issuance, if any: \_\_\_\_\_      Place of Issuance, if any: \_\_\_\_\_

Date of Issuance, if any: \_\_\_\_\_      Date of Issuance, if any: \_\_\_\_\_