

Melissa's Administrative Services

Client Information

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)
- 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

TAX PROFESSIONAL OR CLIENT SERVICE PROFESSIONAL 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: _____