



# TAX SHACK

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www.taxshack.com

**TAX YEAR**  
**2023**

## CLIENT INFORMATION SHEET

### CLIENT INFORMATION

Primary Taxpayer Full Name (from Social Security Card) \_\_\_\_\_

Has your name changed?  Yes  No

If yes, Please List Former Name \_\_\_\_\_

Social Security Number or ITIN \_\_\_\_\_

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

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Currently in the military?  Yes  No

Did you sell any crypto currency?  Yes  No

Spouse Full Name (from Social Security Card) \_\_\_\_\_

Has your name changed?  Yes  No

If yes, Please List Former Name \_\_\_\_\_

Social Security Number or ITIN \_\_\_\_\_

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

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Currently in the military?  Yes  No

Did you sell any crypto currency?  Yes  No

### MARITAL STATUS

Single  Married  Separated  Divorced  Widowed

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Widowed, Date of Spouse's Death

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Separated, Date of Separation

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If Separated, Spouse's SSN

Are you or can you be claimed as a dependent on someone else's return?  
 Yes  No

### CONTACT INFORMATION

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Street Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best Time to Call

How did you hear about us? \_\_\_\_\_ If "friend", Friend's Name \_\_\_\_\_

Add me to email blast!

Add me to the Portal

### DEPENDENTS

Dependent First Name	Dependent Last Name	Social Security Number	Relationship	Months in Home	Date of Birth	Fulltime Student?	Disabled?
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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**ABOUT LAST YEAR... (Check all that apply)**

- Live in any other states?       Work in any other states?       Buy a Home?  
 \_\_\_\_\_  
 If yes, list the states and dates you lived or worked there  
 \_\_\_\_\_  
 Have you ever claimed the First Time Home Buyers Credit?  
 \_\_\_\_\_  
 Purchase qualified residential energy products for your home?  
 \_\_\_\_\_  
 City/County of Residence or Workplace      School District

**PLEASE ANSWER ALL QUESTIONS BELOW:**

**List all W-2 Wages from Box 1 Below:**

- |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Receive wages, salaries, or any other employer compensation?<br><input type="checkbox"/> Receive W-2 forms from ALL employers you worked for last year?<br><input type="checkbox"/> Receive unemployment compensation?<br><input type="checkbox"/> Receive alimony?<br><input type="checkbox"/> Receive Social Security Income?<br><input type="checkbox"/> Pay alimony? | Employer Name<br>_____<br>_____<br>_____<br>_____<br>_____ | Wages<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------|

- If Yes, Name of Recipient      SSN of Recipient
- Pay daycare expenses? (Name, address and SSN or EIN is required)  
 Receive winnings from gambling? (lottery, casinos, raffles, etc.)  
 Receive any miscellaneous income? (prizes, awards, jury duty, etc.)  
 Amount and description are required.  
 Pay interest on student loans?  
 Receive a state tax refund?  
 Pay real estate taxes?  
 Have a Home Mortgage?  
 Have medical expenses or pay for health insurance?  
 Contribute to charity, church, etc.?  
 Receive pension, annuity, ROTH, IRA or retirement income?  
 Receive interest on savings, cash, US bonds, stock dividends?  
 Have a Health Savings Account (HSA)?  
 Did you receive interest?  
 Did you receive dividends?

- Have a job-related move?  
 Contribute to a:  
 IRA      \$ \_\_\_\_\_       ROTH IRA      \$ \_\_\_\_\_  
 SEP      \$ \_\_\_\_\_       Simple IRA      \$ \_\_\_\_\_  
 Take a distribution from any retirement account?  
 Pay college tuition expenses?  
 Are you or a dependent enrolled as a:  
 Full-Time Student       Part-Time Student  
 Was the Earned Income Credit ever disallowed for you?  
 Do you currently have health insurance coverage?  
 Receive health insurance coverage through an ACA Marketplace?

- Sell stock, mutual fund, or other securities?       Use a portion of your home exclusively for business?  
 Receive any 1099s (e.g. 1099-A, 1099-C, 1099-Misc, 1099-NEC)?       Sell your home?       Sell other property? (equipment, land, etc.)  
 Own your own business or work as self-employed?       Make estimated tax payments?

\_\_\_\_\_  
 Business Name      Proprietor Name      Date of Business Start

- Own rental property or convert rental property to personal use?       Receive installment payments on property sold?  
 Receive royalties?       Have an interest in a partnership, S-Corporation, estate or trust?  
 Operate a farm?       Have income as a minister?       Receive housing allowance?

If I'm due a refund. I would like the convenience of having fees taken out of my refund

**\*\* All information I have given is true and correct to the best of my knowledge. \*\***

Client Signature      Spouse's Signature      Date

# Document List for your Tax Appointment

## Personal Information Needed:

- Complete Tax Shack Client Data Sheet
- If you did not come to Tax Shack last year, please bring a copy of your last income tax return you filed, if available.
- Please bring your unexpired Picture ID's, ITIN document's, Visa's, and Social Security Cards, etc.

## Income Documents You may need to bring:

- W-2's
- 1099-NEC and/or 1099-MISC
- 1099-R from Pension, Annuity, IRA, or other Retirement plans
- Interest form 1099-INT
- Dividend form 1099-DIV
- Investment "Year End Tax" Statement's
- Unemployment form 1099-G
- Schedule K-1 from S-Corp, Partnerships, etc.
- Gambling Winning W-2G
- Alimony Received
- Self-Employment income, Cash income not reported on 1099-NEC.
- Income from Rental you receive.

## Income Tax Credits and Income Adjustments you may have:

- Student Loan Interest form 1098-E
- Alimony Paid Statement
- Teacher paid classroom unreimbursed expenses.
- Health Care Exchange, form 1095-A.
- Health Savings Plan Contribution you made to the plan – form 8889.
- Health Savings Plan Contributions your employer made to the plan for you.
- Health Savings Plan distribution – form 1099SA.
- IRA, SEP, or other retirement plan you contributed to.

## Dependent and Education Credit Information Needed:

- Childcare/Daycare statement from provider name, address and Federal ID# outlining expense broken down per child/dependent.
- Adoption documents and expenses paid for current year.
- Tuition Credit 1098-T and receipts for books, lab fees and classroom expense.

## Itemized Deduction Documents Needed:

- Medical "out of pocket" Expenses for Doctor, Dentist, Eye Doctor, Rx, Nursing home and AFC facilities plus Insurance Premiums "you pay" for Medical, Dental, Optical and Long-Term Care.
- Property Tax "Paid" on all properties you own in the USA.
- Property Tax "Billed", even if not paid yet, in this tax year on your "Michigan Primary Home", available from your Township Treasurer.
- Sales Tax paid on vehicles or other large purchases, bring receipt.
- Registration Fees and cost for vehicle tabs
- Mortgage, Equity Loan on Primary Home, and RV interest paid.
- Donations of Money, Vehicles, Household items, bring receipt.
- Gambling Statement of Loss for Casino and Lottery, etc.