

Welcome to



**CLIENT INFORMATION SHEET**

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

Are you a  New or  Returning client?

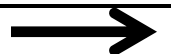
If you are a new client how did you hear about us?

- REFERRAL    PHONEBOOK    RADIO STATION    TV STATION    SIGNS    MAILING
- OTHER \_\_\_\_\_

**\*\* Tax Return Review Preference:**  *In Person*    *Phone Call*    *Other* \_\_\_\_\_

1) PERSONAL INFORMATION AS SHOWN ON SSA CARD				IF FILING JOINT			
TAXPAYER	SSN or ITIN   _____ - _____ - _____	SPOUSE	SSN or ITIN   _____ - _____ - _____				
NAME		NAME					
DATE OF BIRTH		DATE OF BIRTH					
OCCUPATION		OCCUPATION					
HOME PHONE		HOME PHONE					
CELL		CELL					
EMAIL		EMAIL					
BEST METHOD OF CONTACT		BEST METHOD OF CONTACT					
MAILING ADDRESS							
STREET			APT OR LOT NO.				
CITY		ST	ZIP	COUNTY			
2) YOUR FILING STATUS AND HOUSEHOLD INFORMATION ON DECEMBER 31 of the tax year: (Check appropriate box below)							
<input type="checkbox"/> Single (Unmarried or divorced)		<input type="checkbox"/> Qualifying Widow/Widower (with qualifying dependent(s))					
<input type="checkbox"/> Married Filing Joint (Married and filing together)		<input type="checkbox"/> Married Filing Separately (Married, but not filing together)					
<input type="checkbox"/> Head of Household (Single – with dependent(s))		<input type="checkbox"/> Unsure					
Answer Yes or No to each question below							
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>	Did you and/or your spouse live and work in multiple states at any time during the tax year? States:					
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse legally blind?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse currently serving in the military?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you report only 1/3 of any retirement income in 2020 due to disaster relief (COVID)?					
<input type="checkbox"/>	<input type="checkbox"/>	If you are the non-custodial parent claiming a dependent on your return, do you have Form 8332 signed by custodial parent?					
3) YOUR DEPENDENT INFORMATION (IT IS VERY IMPORTANT THAT THIS INFORMATION BE ACCURATE TO AVOID DELAYING YOUR REFUND.)							
NAME OF DEPENDENT <small>(EXACTLY as it appears on Social Security card)</small>	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP <small>(son, daughter, grandchild, etc.)</small>	MONTHS IN YOUR HOME FOR THE TAX YEAR			

**PLEASE COMPLETE THE BACK SIDE OF THIS FORM**



4) DID YOU HAVE INCOME FROM THE FOLLOWING SOURCES?		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Wage Income (Form W-2)?
<input type="checkbox"/>	<input type="checkbox"/>	Foreign bank account(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Interest / dividends / sale of stocks & bonds? (Form 1099)
<input type="checkbox"/>	<input type="checkbox"/>	Digital/Virtual currency (ie: Bitcoin, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Pension and/or withdrawal / distribution from your retirement account (Form 1099-R) or 2020 deferral?
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment compensation (Form 1099-G)?
<input type="checkbox"/>	<input type="checkbox"/>	Social security benefits, SSI, VA benefits or RR retirement (Forms SSA-1099, RRB-1099)?
<input type="checkbox"/>	<input type="checkbox"/>	Gambling winnings, awards, prizes, etc. (W-2G or 1099-MISC)?
<input type="checkbox"/>	<input type="checkbox"/>	Small business (1099-NEC)?
<input type="checkbox"/>	<input type="checkbox"/>	Farm/Farm Rental?
<input type="checkbox"/>	<input type="checkbox"/>	Rental property (1099-MISC)?
<input type="checkbox"/>	<input type="checkbox"/>	Income from any other source? If so, specify: _____
5) ADDITIONAL TAX INFORMATION		
<input type="checkbox"/>	<input type="checkbox"/>	Own your home Form 1098-Mortgage Interest
<input type="checkbox"/>	<input type="checkbox"/>	Property Taxes Paid During Tax Year \$
<input type="checkbox"/>	<input type="checkbox"/>	Rent in Indiana Amount paid per month \$
<input type="checkbox"/>	<input type="checkbox"/>	How many months paid during tax year?
Landlord Name & Address (*required):		
<input type="checkbox"/>	<input type="checkbox"/>	Yes No Do you have receipts for charitable contributions during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Yes No Do you owe back taxes, child support or delinquent student loans or have DFAS or AAFES debt?
<input type="checkbox"/>	<input type="checkbox"/>	Yes No Did you or anyone on the tax return have healthcare through the Marketplace (healthcare.gov)?
If yes, do you have form 1095-A from healthcare.gov? (*required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
6) Virtual Currency:		
<input type="checkbox"/>	<input type="checkbox"/>	YES NO At any time during the tax year, did you have any digital currency transactions?
7) Payment for Services		
<input type="checkbox"/>	CASH, CHECK, OR CREDIT/DEBIT CARD – YOU PAY TODAY	
<input type="checkbox"/>	PREPARATION FEE DEDUCTED FROM REFUND (EXTRA FEES APPLY)	
<input type="checkbox"/>	ADVANCE REFUND (36 – 72 HOURS) (EXTRA FEES APPLY) **Not available after February	
8) TAX REFUND DISBURSEMENT		
<input type="checkbox"/>	<input type="checkbox"/>	DIRECT DEPOSIT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name :
	<input type="checkbox"/>	Routing # Acct #
<input type="checkbox"/>	or CHECK IN MAIL	

**TAXPAYER'S STATEMENT**

I certify that all the above information is true and correct and should be used in completing my tax return. Also, I state that I am qualified to file this return using the filing status selected above. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government. I am aware Stadler & Company may do tax work for ex-spouses, children who are the age of majority, live-ins, and other family members. I give informed consent to transparency should any matter of conflict of interest develop. I understand that without a court subpoena Stadler & Company will not disclose to any other parties any of the information contained on my tax return. Disclosure is necessary for e-file processing, refund loans, collections, or loan check pickup at any Stadler & Company location.

TAXPAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NEW CLIENTS:** I am attesting that I was asked by Stadler & Company to furnish a prior year return to assist in the preparation of my current year taxes. By signing, I agree that I **did not** provide a prior year return.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

02.02.2022