

Welcome to



CLIENT INFORMATION SHEET

Tax Year: _____

Select One: RETURNING CLIENT NEW CLIENT PROVIDING PRIOR YEAR TAX RETURN
 NEW CLIENT **NOT** PROVIDING PRIOR YEAR TAX RETURN

New Clients: Select how you found Stadler and Company:

- REFERRAL PHONEBOOK RADIO STATION TV STATION SIGNS MAILING
- WEBSITE 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	
PHONE	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	PHONE	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
ALTERNATE PHONE	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	ALTERNATE PHONE	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
EMAIL		EMAIL	
Date of Death (if applicable)		Date of Death (if applicable)	

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

Additional Household Demographic Questions

<input type="checkbox"/> YES <input type="checkbox"/> NO Did you and/or your spouse live and work in multiple states at any time during the tax year? States: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you claimed as a dependent on another return? If yes, who? <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
<input type="checkbox"/> YES <input type="checkbox"/> NO During the tax year, did you have any digital/virtual currency (ie: Bitcoin, etc) transactions?
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a foreign bank account?
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have an HSA? <input type="checkbox"/> Individual Plan <input type="checkbox"/> Family Plan
<input type="checkbox"/> YES <input type="checkbox"/> NO Were all HSA distributions used for approved medical expenses?
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a healthcare subsidy (Marketplace, healthcare.gov)? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have Form 1095-A?

3) YOUR DEPENDENT INFORMATION (IT IS VERY IMPORTANT THAT THIS INFORMATION BE ACCURATE TO AVOID DELAYING YOUR REFUND.)

NAME OF DEPENDENT (EXACTLY as it appears on Social Security card)	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP (son, daughter, grandchild, etc.)	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"/> Military Income?
<input type="checkbox"/>	<input type="checkbox"/> Interest / dividends / sale of stocks & bonds? (Form 1099)
<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, K-1)?
<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: _____
<input type="checkbox"/>	<input type="checkbox"/> I own/have a small business and would like more information on the new Beneficial Owner/Corporate Transparency Act (CTA) FinCEN requirements and reporting. As the owner, you are responsible for timely and accurate reporting.
5) ADDITIONAL TAX INFORMATION	
<input type="checkbox"/> Own your home	<input type="checkbox"/> Form 1098-Mortgage Interest <input type="checkbox"/> Pay Property Taxes
<input type="checkbox"/> Rent in Indiana	Amount paid per month \$ _____ How many months paid during tax year? _____
Landlord Name & Address (*required): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you owe back taxes, child support or delinquent student loans or have DFAS or AAFES debt?	
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 all tax season	
8) TAX REFUND DISBURSEMENT	
<input type="checkbox"/> DIRECT DEPOSIT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name : _____	
Routing # _____ Acct # _____	
or <input type="checkbox"/> CHECK IN MAIL <input type="checkbox"/> CHECK PRINTED IN TAX OFFICE (Bank product only)	

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 _____



Agreement for Tax Preparation Services

Stadler & Company and Taxpayer agree to the following:

1. Thank you for choosing the professionals of Stadler & Company to prepare and file your tax return. In doing so, you are telling us that you have received all your tax information (W-2s, 1099s, K-1s, etc.) and that your tax return is ready to be filed. If you receive additional information after we file your return, this document is your official notification that should you request our services in filing the required amended return; we will be charging you an additional minimum \$75.00 fee for services rendered. All returns eligible for electronic filing will be filed electronically.
2. Tax returns are subject to review by taxing authorities. **Tax preparation service does NOT include: taxing authority representation/resolution, bookkeeping services, adding receipts, preparing financial statements, consultation, FinCEN reporting, etc.** For these services, Stadler & Company is available to represent you or consult with you for an additional charge under a separate service agreement.
3. Stadler & Company’s fees are not based upon your income or your tax refund. Fees are based on a per-form charge with a minimum per-form charge. Taxpayer agrees to pay for the services rendered before the release of the completed returns. No tax return will be released without payment in full. Stadler & Company accepts cash, checks, and credit card. Any check returned for any reason by your bank is subject to a charge of \$35.00.
4. If you terminate this engagement before completion, you agree to pay a fee for work completed.
5. Please note that we cannot fax/send/share any tax documentation without having specific prior written consent on file in this office. This written consent must be given in person in our office.
6. Stadler & Company stands by its work. If we make an error, we will correct the error at no additional charge. If our error results in a penalty, we will request Penalty Abatement from the taxing authority. If abatement is denied, we will pay you the penalty and interest at the time of discovering the error. If there is a history of non-compliance within the last 3 years and the IRS declines abatement, Stadler & Company also reserves the right to decline reimbursement for related penalty and interest. By law, as the taxpayer, you will be responsible for all tax owed.
7. You are required to request and verify that an extension has been filed if one is needed.
8. Referral program terms and conditions: The referred client must be new and paying full price for tax preparation service. Only one discount may be applied to the new client fees. State only, dependent, and other deeply discounted returns do not qualify for the referral program. Referral card must be presented at the time of service for the new client.
9. **By signing this document, you agree that you understand and accept these provisions. You also agree that providing incomplete or inaccurate information could cause a delay in the processing of your tax return and potentially affect your expected refund or amount owed.**

We appreciate the opportunity to serve you.

Printed TAXPAYER Name

Tax Year(s)

Taxpayer Signature

Date

Spouse Signature

Date

Potential Tax Credit Worksheet – Individual

PRIMARY TAXPAYER NAME:

TAX YEAR:

The IRS continues to intensify its efforts to verify certain Tax Credit claims and holding tax preparers responsible for exercising “DUE DILIGENCE” in preparing such tax returns. Failure to make sufficient inquiries subjects a tax preparer to fines and penalties up to \$1,590 PER RETURN. Therefore, THIS INFORMATION IS REQUIRED when applicable.

This worksheet does NOT determine eligibility. It documents receipt of information required to make a proper determination.

1. ALL TAXPAYERS COMPLETE THIS SECTION

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a 529 savings plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for any long term care insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a state college (Indiana)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell, purchase or refinance a home during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy improvements to your main home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase an electric or plug-in motor vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any other credit for which you may qualify? Specify _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pull money out of a retirement account due to a disaster (tornado, flood, drought, etc)? |



STOP! Below, complete ONLY sections that apply to you, then sign the back.
Not all sections may apply

2. CLAIMING DEPENDENTS/HEAD OF HOUSEHOLD FILING STATUS

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are/Were you separated from your spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, did you live with your spouse any time during the last 6 months of the tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your child(ren), stepchild(ren), or foster child(ren) live with you during the tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the Child Tax Credit or Earned Income Tax Credit been disallowed or reduced in prior years? |
| What school(s) did the child(ren) attend? | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you provide school, daycare, &/or medical records for each child showing their name/address if requested? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have childcare expenses? If yes, do you have a statement from the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for more than ½ the cost of maintaining your home for you and a qualifying dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | If your child spent fewer nights with you than the other parent, do you have a signed Form 8332? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any dependent on your tax return make more than \$4,150 during the tax year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone not listed on the client information sheet or tax return live with you during the tax year? |
| If so, who? (use the Additional Information section to list additional household members) | | |
| | Name: | Relationship to you: how long? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you claim any dependents last year that are not being claimed on this tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone on your tax return live with you for less than 6 months? If so, who? |

PLEASE COMPLETE THE BACK SIDE OF THIS FORM



3. EDUCATION BEYOND HIGH SCHOOL

- Was anyone on your return between age 19-25 and a full time student?
- Did any member of your family attend college during the tax year?
- If yes, did they receive a 1098-T?
- Are they pursuing a degree or credential?
- Were they enrolled more than ½ time for at least one period?
- Did they have a bachelor's degree before this tax year?
- Have they claimed the American Opportunity Tax Credit in 4 previous years?
- Have they been convicted of a drug felony?
- Do you have receipts or financial records for qualifying expenses?

4. SELF EMPLOYED INCOME (1099-NEC or 1099-MISC)**YES NO**

If you have a Form 1099, side gig or business, or freelance income, how long have you done this activity? Years:

What service do you perform?

Approximately how many clients do you have?

When and where do you travel for business?

What type of supplies do you purchase?

How do you track your income?

How do you track your mileage?

If you have a loss, what funds did you use to operate?

- Do you have receipts to document your expenses?
- Do you have a separate bank account for this activity?
- Have you filed any sales tax returns payroll returns?
- Do you file Form 1099-NEC for subcontractors?

New FinCEN laws require beneficial owner reporting for some business owners. Failure to meet reporting deadlines carries a daily fine of \$500. While this is outside of tax preparation, please ask your preparer for more information if you own a small business, sole proprietorship, LLC, or S Corp.

By signing this document, you attest that you have understood the questions and answered these questions truthfully. You also understand that your tax preparer may ask additional clarify questions in order to claim tax credits or deductions.

TAXPAYER SIGNATURE _____ **DATE** _____

SPOUSE SIGNATURE _____ **DATE** _____