

Client Information Sheet

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Note: New Clients please fill in all boxes in the top half of page—returning clients indicate only where there are changes

TAXPAYER NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		OCCUPATION	
PHONE NUMBER/S		EMAIL ADDRESS	
SPOUSE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		OCCUPATION	
PHONE NUMBER/S		EMAIL ADDRESS	
STREET ADDRESS		CITY/STATE/ZIP CODE	
HOME/EVENING PHONE		EMAIL ADDRESS	
MARITAL STATUS (Check one)	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/>

DEPENDENT NAME First, Middle initial, Last	DATE OF BIRTH	DEPENDENT SOCIAL SECURITY NUMBER	RELATIONSHIP	MONTHS LIVED IN YOUR HOME
If any dependent child did not live with you, write child's name here				
If another taxpayer can claim you or your spouse as a dependent, check this box <input type="checkbox"/>				

Direct deposit/Direct Debit	Routine Number:	Account Number:
Check		

All Information I have given is true and correct to the best of my knowledge.

SIGNATURE:

DATE:

CHECK ALL INCOME SOURCES YOU HAD FOR THE TAX YEAR—ENCLOSE DOCUMENTATION

Did you or your spouse at any time during the year		Circle	If yes please provide	
1. Receive wages, salaries, or any other employer compensation?	If yes	YES	NO	All W-2 forms
	1-a have you receive W-2s for all employers	Yes	No	
2. Receive unemployment compensation?		Yes	No	All 1099-G forms
3. Receive Social Security Benefits?		Yes	No	All 1099-SSA forms
4. Receive Insurance through the Market Place?		Yes	No	All 1095-A forms
5. Receive Alimony?		Yes	No	
	4-a If yes list amount: \$			
6. Pay Alimony		Yes	No	
	5-a- if yes, Recipient Name:			
	b-Recipient SSN:			
	c- Amount paid:			
7. Do you pay Day care Expenses?	a- If yes, list amount: \$			
8. Receive Winnings from Gambling? (Lottery, racetrack, casino, raffles)		Yes	No	All W-2 G forms
9. Receive Miscellaneous income? (Prizes, awards, jury duty)		Yes	No	
	a. If yes, list Amount			
	b. Describe:			
10. Are you claimed as a dependent on someone else's tax returns?		Yes	No	
11. Pay interest on student loans?		Yes	No	
	10 a. if yes amount:			All 1098 -E forms
12. Receive pension, annuity, IRA, or retirement income?		Yes	No	All 1099-R forms
13. Receive interest on savings, cash, US bonds, stock dividends?		Yes	No	All 1099-INT forms
14. Do you have any of the following?		Yes	no	
	a. Home mortgage?	YES	NO	All 1098 forms
	b. Amount paid for sale tax?	Yes	No	Total paid
	c. Sale tax paid on new vehicles or home improvement.	Yes	No	List with amount
	d. Medical expenses or pay for health insurance?			List with amounts
	e. Contributions to charity, church, etc.	Yes	No	List with amount s
	f. Out-of-pocket expenses or use your personal vehicle on the job?	Yes	No	List With amounts
	g. Loss from casualty (fire, theft, natural disaster)?	YES	NO	List with amount
15. Did you have a job-related move?		Yes	No	
16. Contribute to an IRA, SEP, Keough or Simple retirement Plan?		Yes	No	
17. Pay college tuition expenses?		Yes	No	All 1098-T forms or list amounts
18. Sell Stock, Mutual fund, or other Securities?		Yes	No	All 1099-S forms
19. Received a 1099-MISC.?		Yes	No	All 1099-Misc Forms
20. Own your own business or were self-employed?		Yes	No	

21. Use a portion of your home exclusively for business		YES	NO	
22. Operate a farm?		Yes	No	
23. Own a rental Property?		Yes	No	
24. Receive installment Payments on property sold?		Yes	no	
25. Sell your home?		Yes	No	All 1099-S Forms
26. Sell any other property? (Equipment, land, etc.?)		Yes	no	
27. Have an interest in a partnership, S-Corporation, Estate or Trust?		Yes	No	All K-1 forms
28.. Did you make estimated tax Payments?		Yes	No	
29. Have a Medical savings account?		YES	NO	
30. Did you live in any other State?		Yes	No	
31. Did you work in any other states?		Yes	No	
Are you a teacher/ an educator?		Yes	No	