

Client Tax Information Sheet



1620 Elton Road, Suite 204
Silver Spring, MD 20903
Phone: (301) 589-2040
Fax: (301) 589-2042

Email: integratedmultiservices@gmail.com
Website: www.integratedmultiservices.com

Tax Year: _____

ARE YOU A NEW CLIENT? YES NO

IF YES, REFERRED BY: _____

****Please Fill Out Each Question Completely****

SECTION 1		PERSONAL INFORMATION	
Taxpayer's Name:			
Social Security / ITIN Number:		Occupation:	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
Street Address:			Apt#
City		State	Zip
Home Phone No.		Cell Phone No.	
Date of Birth: month _____ day _____ year _____		Email Address:	
Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you be claimed as a dependent on another's return? Yes <input type="checkbox"/> No <input type="checkbox"/>			
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide Form 1099-B and/or 1099-K			
IMPORTANT			
MUST ANSWER AND IF YES, PROVIDE US WITH THE IRS LETTER OR NOTICE THAT WAS MAILED TO YOU:			
In 2021, did you receive stimulus payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$ _____ Provide IRS Notice 1444-C			
In 2021, did you receive advance child tax credit payments? Yes <input type="checkbox"/> No <input type="checkbox"/> Provide IRS Letter 6419			
Amounts: July \$ _____ Aug \$ _____ Sept \$ _____ Oct \$ _____ Nov \$ _____ Dec \$ _____			
In 2021, did you have healthcare coverage through a government Marketplace (Exchange)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, provide Form 1095-A			
SPOUSE INFORMATION (Complete only if legally married)			
Joint Taxpayer's Name (Spouse):			
Social Security Number:		Occupation:	
Home Phone No.		Cell Phone No.	
Date of Birth: month _____ day _____ year _____		Email Address:	
Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>		Full time Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you be claimed as a dependent on another's return? Yes <input type="checkbox"/> No <input type="checkbox"/>			
SECTION 2		DEPENDENT INFORMATION	
1 st Dependent's Name:			
Social Security Number:		Date of Birth:	
Relationship (son, daughter, niece, etc.):		Full-time Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of months they lived in your home in 2021:		Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Dependent have income over \$1000? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Dependent required to file a tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2nd Dependent's Name:			
Social Security Number:		Date of Birth:	
Relationship (son, daughter, niece, etc.):		Full-time Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of months they lived in your home in 2021:		Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Dependent have income over \$1000? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Dependent required to file a tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3rd Dependent's Name:	
Social Security Number:	Date of Birth:
Relationship (son, daughter, niece, etc.):	Full-time Student: Yes__ No__
Number of months they lived in your home in 2021:	Disabled: Yes__ No__
Does Dependent have income over \$1000? Yes__ No__ Is Dependent required to file a tax return? Yes__ No__	

4th Dependent's Name:	
Social Security Number:	Date of Birth:
Relationship (son, daughter, niece, etc.):	Full-time Student: Yes__ No__
Number of months they lived in your home in 2021:	Disabled: Yes__ No__
Does Dependent have income over \$1000? Yes__ No__ Is Dependent required to file a tax return? Yes__ No__	

5th Dependent's Name:	
Social Security Number:	Date of Birth:
Relationship (son, daughter, niece, etc.):	Full-time Student: Yes__ No__
Number of months they lived in your home in 2021:	Disabled: Yes__ No__
Does Dependent have income over \$1000? Yes__ No__ Is Dependent required to file a tax return? Yes__ No__	

SECTION 3 TYPE OF INCOME

<input type="checkbox"/> Salary / Wages - W2 <input type="checkbox"/> Self-Employed / Business Income <input type="checkbox"/> Independent Contractor- 1099-NEC <input type="checkbox"/> Commission / Fees <input type="checkbox"/> Cash Payments <input type="checkbox"/> Unemployment – 1099-G <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Did you sell Any Stocks/Bonds? <i>(If yes, enclosed 1099-B & cost info)</i> <input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Pension / Retirement - 1099-R <input type="checkbox"/> IRA Contributions/Distributions <input type="checkbox"/> Rental Property Income <input type="checkbox"/> Partnership / S-Corporation - K-1 <input type="checkbox"/> Estate / Trust - K-1 <input type="checkbox"/> Military BAS/BAH \$_____ <input type="checkbox"/> Did you sell a personal residence? <input type="checkbox"/> Did you sell other real estate? <i>(Enclose settlement statements)</i>	<input type="checkbox"/> Lottery/Gambling Winnings – 1099-G <input type="checkbox"/> Interest - 1099-INT <input type="checkbox"/> Dividends - 1099-DIV <input type="checkbox"/> Mutual Fund Distributions - 1099 <input type="checkbox"/> Municipal Bonds <input type="checkbox"/> Farm Income <input type="checkbox"/> Other Income (Enclose Details) <input type="checkbox"/> Installment Sale <input type="checkbox"/> Sell Any Business Assets? <i>(Enclose sale and original cost info)</i>
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SECTION 4 DEDUCTIONS/CREDITS

In 2021, did you pay for **child or dependent care**? Yes No **If yes, provide Form W-10 or Receipt Letter**

Dependent's Name: _____ Amount Paid \$ _____ Name of Care Provider: _____ Phone #: _____ Address: _____ City/ State/ Zip _____ Employer ID # or Social Security #: _____
Dependent's Name: _____ Amount Paid \$ _____ Name of Care Provider: _____ Phone #: _____ Address: _____ City/ State/ Zip _____ Employer ID # or Social Security #: _____
Dependent's Name: _____ Amount Paid \$ _____ Name of Care Provider: _____ Phone #: _____ Address: _____ City/ State/ Zip _____ Employer ID # or Social Security #: _____

Did you pay **college tuition fees** for yourself or any dependents? Yes No **If yes, provide Form 1098-T plus proof of actual payment(s) such as receipts, payment history or statements for tuition, supplies, books, and other expenses.**

Name of School/Institution: _____
 Address: _____
 City/ State/ Zip _____ Federal ID #: _____

Did you pay any **student loan** interest Yes No **If yes, provide Form 1098-E**

Did you make any **HSA or IRA** contributions and/or distributions? Yes No **If yes, provide Form 8889 or 5498**

Did you pay **interest and property** taxes on your home? Yes No **If yes, provide Form 1098**

Did you have **un-reimbursed medical and dental** expenses? Yes No **If yes, provide receipts**

Did you make **charitable contributions**? Yes No **If yes, provide receipt or letter**

If additional space is needed, write section number and information in the following spaces.

SECTION 5 DIRECT DEPOSIT OR PAYMENT INFORMATION

If you are due a refund, how would you like to receive it? **Direct Deposit** **By Mail**

If you choose by direct deposit, please provide the following information:

Account Type: Checking Savings

Bank Name: _____

Location where your account was opened: _____

Routing Transit Number (RTN): _____ (*leave blank if uncertain*)

Your Account Number: _____

If you owe taxes, how would you like to pay? **Automatic Payment Withdrawal** **Or Self**

If you choose by automatic payment withdrawal, please provided the following information:

Account Type: Checking

Bank Name: _____

Date you would like for money to be withdrawn: _____ (**No penalties if paid by April 15, 2022**)

Routing Transit Number (RTN): _____ (*leave blank if uncertain*)

Your Account Number: _____

I (We, *if filing jointly*) acknowledge that the above information provided by me is true and accurate to the best of my/our knowledge. I hereby relieve IMS Tax Services from any liability whatsoever, regarding the preparation of this/these tax return(s), and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fees paid for the preparation of these documents.

Primary Taxpayer's Signature:

Date:

Print Name:

Spouse's Signature:

Date:

Print Name:

OFFICE USE ONLY

Interviewer: _____ Preparer: _____ Completion date: _____

E-file Date: Fed: _____ State: _____ Mailed Date: Fed _____ State: _____

ITIN App Mailed Date: _____ USPS Receipt #: _____

Notes:

ALL FORMS SIGNED?



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COMPANY POLICY AGREEMENT

(Please read the following and sign below)

1. Your tax return(s) prepared by *IMS Tax Services* is/are based solely on the information collected and provided by you. You are responsible for any incomplete or inaccurate information provided therein.
2. The IRS and/or your state may examine your return(s) and this may cause your tax refund(s) to be delayed. The Earned Income Tax Credit or Child Tax Credit portion of your refund(s) may be a reason for the IRS and/or your state to delay the issuance of part or all of your refund(s).
3. Once your return(s) is/are accepted by the IRS and/or your state, *IMS Tax Services* is unable to determine if your refund(s) may be delayed and/or for how long. You must contact the IRS or your state for answers to your questions.
4. If further services are needed due to tax issue(s) such as an audit, examination or etc. an additional cost will be required.
5. You have been hereby provided with a copy of your federal and state tax returns. Additional copies can be provided at a cost of \$20.00 per year.
6. If the IRS and/or your state holds, garnishes, rejects or denies your refund(s) for any reason, you are still responsible for tax preparation fees and/or other *IMS Tax Services* fees listed on your attached invoice. There will be a \$50.00 late fee assessed to your account for open unpaid balances over 90 days.

Taxpayer Signature: _____ Date: _____

Joint Taxpayer Signature: _____ Date: _____

IMPORTANT NUMBERS – To check the status of your refund(s):

- Internal Revenue Service (IRS) – 1-800-829-1040 or www.irs.gov
- Comptroller of Maryland (MD State) – 1-410-260-7980 or www.comp.state.md.us
- DC Office of Tax & Revenue Service (DC) – 202-727-4TAX (4829) or www.dc.gov
- Virginia Department of Taxation – 804-367-2486 or www.tax.virginia.gov
- ITIN Unit (Tax ID Unit) – 1-800-908-9982
- Financial Management Services (check to see if refund will be offset) – 1-800-304-3107

Itemized Deductions Worksheet



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Itemized deductions (List amounts and provide receipts, checks, bank statements or other documentation)			
MEDICAL/DENTAL EXPENSES		INTEREST PAID	
Medical Insurance (<i>paid by you</i>)		Mortgage on Main Home	
Dental Insurance (<i>paid by you</i>)		Paid to Financial Institution (1098)	
Long Term Care Insurance		Paid to Individual	
Doctors (<i>co-pays</i>)		Name:	SSN:
Dentist/Orthodontist (<i>Braces, etc.</i>)		Address:	
Prescription Drugs (<i>Enclose Pharmacy Report</i>)		Points Paid on New Mortgage (<i>Enclose Settlement Statement-HUD-1</i>)	
Glasses and Contact Lenses		Home Equity Loan/Second Mortgage	
Hospitals & Emergency Visits		Mortgage on Second Home	
Surgical Procedure		Paid to Financial Institution (1098)	
Medical Equipment Rental		Paid to Individual	
Skilled Nursing Care		Name:	
Prescribed Physical Aids		Address:	
Medicare Part B		Investment Interest paid	
Other Medical Professionals			
Other Medical (Describe)			
Medical Transportation			
Medical Miles Driven in your Vehicle		CHARITABLE CONTRIBUTIONS	
		(Receipt required for single donations of \$250.00 or more.)	
		Church/Temple/Mosque	
		United Way	
		Scouts	
		Other (list)	
STATE & LOCAL TAXES		Volunteer Mileage	
Home Real Estate Taxes		Donation of a Vehicle	
Other Real Estate Taxes		Non-Cash Contributions	
Personal Property Tax (autos, boat)		<i>(If \$500.00 or more, enclosed receipt with name and address of organization and describe how the fair market value was determined)</i>	
Other State or Local Tax			
CASUALTY OR THEFT LOSS (For natural disasters only)		MISCELLANEOUS DEDUCTIONS	
Type of Property:		Tax Return Preparation Fee (2021)	
Describe Loss:		Safe Deposit Box (store investments)	
Cost or Basis of Property		Investment Expense (enclose list)	
Insurance Reimbursement		Job Hunting Expenses (enclose list)	
Fair Market Value Before Loss		Gambling Losses	
Fair Market Value After Loss		Prof Association or Union Dues	