

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****

1. PERSONAL INFORMATION <i>Please provide proof of identify</i>			
	TAXPAYER	SPOUSE <i>(Complete only if LEGALLY married)</i> <i>Please provide marriage certificate</i>	
First & Middle name			
Last name			
Social Security number/ITIN			
Date of birth			
Occupation			
E-mail address			
Cell phone			
Home phone			
Address		Apt/Suite	
City		State	ZIP
		Marriage Date	

Filing Status at the end of 2023:

Single Head of Household Married filing joint Widower- If widowed, date of Spouse death? _____

Married filing separate- If married but filing separately, did you live apart from your spouse for the last six months of 2023? _____

YES NO

- Did your marital status change during the year?
- Did your address change during the year?
- Are you and/or your spouse blind?
- Are you and/or your spouse disabled?
- Can you and/or your spouse be claimed as a dependent on another person's tax return?
- Are you and/or your spouse a full-time student?
- Do you and/or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

Please answer the following questions to determine maximum deductions:

YES NO

- Did you and/or spouse have healthcare coverage through a government Marketplace (*Exchange*) *If yes, provide Form 1095-A*
- Did you receive any government assistance (SNAP, Medicaid, Housing, etc.)? *If yes, provide documentation for the assistance*
- Did you receive distributions or make contributions to a retirement plan (401(k), IRA, etc.)? *If yes, provide Form 8889 or 5498*
- Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?
- At any time during 2023 did you and/or your spouse: *If yes, provide Form 1099-B and/or 1099-K*
 - (a) Receive (as a reward, award, or payment for property or services) a digital asset?
 - (b) Sell, exchange, gift, or otherwise dispose of a digit asset (or financial interest in a digital asset)?
- Were you a citizen of, have income from, or live in a foreign country?
- Were you notified or audited by either the IRS or State taxing agency?
- Did you receive any unemployment or disability income?
- Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?
- Did you work from a home office or use your car for business?
- Did you make any charitable contributions? *If yes, please provide receipt or letter.*
- Did you, spouse and/or dependent pay for College Tuition/Expenses?
- Did you purchase a new or previously owned clean vehicle (electric, plug-in hybrid) during 2023?

2a. DEPENDENTS INFORMATION (CHILDREN & OTHERS) *Please provide proof of dependent (Social security card/ITIN Letter, Birth Certificate, ID or DL- if applicable, school records, medical records, etc.)*

First, Middle & Last Name	Relationship	Date of Birth	Social Security Number or ITIN	Months lived with you	Disabled	Full-Time Student	Dependents Gross Income

- YES NO Were there any changes in dependents?
If yes, explain: _____
- Can any of the dependents mentioned above be claimed as a dependent on another person's tax return?
- Did you have any child or dependent care expenses during 2023? *If yes, please complete CHILDCARE section.*
- Did you receive Child Support? *If yes, how much \$* _____ *Please provide proof (court order, agreement letter, etc.)*

If you are filing SINGLE or HEAD OF HOUSEHOLD, where is the other parent(s) of the dependents mentioned above and why are they not claiming the dependent?

2b. DEPENDENTS- CHILD CARE EXPENSED

In 2023, did you pay for **child or dependent care**? Yes No *If yes, provide proof (W-10, Receipt Letter, etc.)*

Name of Care Provider	Address	SSN, ITIN or EIN	Amount Paid	Child cared for

- YES NO Did you receive childcare assistance or reduced rates through the Government and/or care provider? *If yes, please provide supporting documentation.*

3. TYPE OF INCOME (Check all that applies) *Please provide all statements (W-2s, 1099s, etc.)*

<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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4. College Tuition for 2023 *Please 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	Federal ID#	Out Of Pocket Expenses Paid

YES NO
 Did you pay any student loan interest? *If yes, provide Form 1098-E*

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

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 **OWE TAXES**, how would you like to pay? **Automatic Payment Withdrawal** **Or Self**

Date you would like for money to be withdrawn: _____ (No penalties if paid by April 15, 2024)

If you chose to receive your refund by direct deposit or to pay taxes owed by automatic withdrawal, please provide the following information:

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposit	Withdrawals

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

Notes:



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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, Child Tax Credit or Additional Child Tax Credit, Other Tax Credit, or American Opportunity Tax Credit portion of your refund(s) may be a reason for the IRS and/or your state to delay the issuance of all or part of your refund(s).
3. Once your tax 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, review, etc. an additional cost starting at \$50.00 and up will be required.
5. Extensions are filed by written request and with a payment of \$60.00.
6. You have been hereby provided with a copy of your federal and state tax returns. Additional hard copies can be provided at a cost of \$25.00 per year.
7. 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.
8. Please check all your documents before you sign and leave the office. There are no refunds.

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