# Janice Logo4 SMALLJRM Accounting LLC

A Plus Accounting & Taxes

# Customer Information Sheet (Please fill out form completely)

# 20\_\_\_\_\_\_ Tax Year

Are you a first time filer with us? Yes\_\_\_\_\_\_ No\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_

Method of Filing: Electronic File \_\_\_\_\_\_\_ Mail Return to IRS \_\_\_\_\_

Tax Preparation Payment Method: Pay Upfront\_\_\_\_\_\_\_\_ Deduct from Refund\_\_\_\_\_\_\_\_\_\_

Refund Method: E-1 Visa Card\_\_\_\_ Check (in office)\_\_\_\_\_ Direct Deposit\_\_\_\_\_ Check (in mail)\_\_\_\_\_

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ checking\_\_\_\_\_\_\_\_\_\_ Saving\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Taxpayer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_

Drivers License/ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_

**Daytime Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If filing Married Filing Jointly or Married Filing Separate please complete Spouse information below:***

**Spouse Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License/ID #\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Issue Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Filing Status**

\_\_\_\_\_ Single \_\_\_\_\_ Married filing jointly \_\_\_\_\_ Head of Household

\_\_\_\_\_ Married filing separately \_\_\_\_\_ Qualifying widow(er) with dependent children

Dependents (Please list each dependent’s name as shown on Social Security Card. **Do not list yourself or spouse)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **DOB** | **SSN** | **Relationship to you** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please make sure you have submitted all deduction information (contributions, mortgage interest, etc;), childcare, pensions and annuities and or any other information that you have that will help us prepare an accurate tax return for you.

**Signatures: Taxpayer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_