BPS Tax & Accounting Services LLC. "In The Clients Best Intrest"

CUSTOMER DATA SHEET

To ensure optimum tax service and to always maintain accurate records, BPS Tax & Accounting Services LLC. requires all customers to complete this form.

REFERRED BY (Last Name, First Name) Were you a client of BPS Tax & Accounting	ng Services LLC. last year or prior y	years? YES OR NO	
*PRIMARY NAME	*SSN	*BIRTHDATE	
OCCUPATION			
ADDRESS			
*PHONE (Work)			
*SPOUSE NAME	*SSN	*BIRT	THDATE
OCCUPATION	E-MAIL ADDRESS_		
*PHONE (Work)	(Home)	(Cell)	
Dependent's Name (first, initial and last name)	Social Security Number	Relationship	Date of Birth (MDY)
Child Care Information (Note: This informati	ion is required for each provider.)		
1. SSN/EIN			
Provider's Address			
2. SSN/EIN			
Provider's Address			
Please check all of items that are applicable to the Are you a homeowner? Purchase D Are you active Military? Do you have unreimbursed employ Do you own a business?Yes Do you have any outstanding debts	Date: □ □ □ □ □ vee expenses? □ □ No C-Corp S-Corp LLC	Oo you have education Partnership Sole Pro	operty?(Address Please) nal expense? oprietor
1)BankRouting#	Account #		Ckg or Svg
2)BankRouting#	Account #		Ckg or Svg
Would you like to pay for tax preparation f	fee by credit card Visa MasterCard	Debit Card? (A 3%	Fee will Apply)
Credit card number		Exp	Code
I attest that all information that is given on the is subject to possible IRS or State review. I use no later than 30 days after transmission of in collect outstanding debts (including reporting once my data has been entered, if I decide no	inderstand that I am solely responsible formation to the IRS. L & B Tax Seing to our collection dept. via your SSN	le for all fees which are vice, Inc. will take all n). I <mark>agree to pay a \$50</mark> f	due at the time of service ecessary steps required to ee at the time of service,
X			
Primary's Signature	Date		
XSpouse's signature	Date		

<u>PERS</u>	SONAL DATA
	Social Security Cards (including self, spouse, & dependents)
	Driver's License or ID Card
	Child Care Provider: Name, Address, Tax ID# or SSN, & Amount Paid
	Education Expense: 1098T
	Prior Year Taxes
EMPI	LOYMENT & INCOME DATA
	W-2 forms for this year
	Unemployment compensation: Form(s) 1099-G
	• • • • • • • • • • • • • • • • • • • •
	• , , ,
	Social Security Benefits: Form(s) SSA 1099
	Partnerships & S Corporations: Schedule K-1
	State and Local Income Tax Refunds: Form(s) 1099-G
	Gambling and Lottery winnings: Form W-2G
	Interest Income: 1099 INT
	Dividend Income: 1099 INT
	Proceeds from Stocks: 1099-B
	Sale of Home Income (Loss): 1099-B
	Cancellation of Debt: 1099-C
	Bankruptcy: 1099-A
	Tip / Other Income
ITEM	HIZED DEDUCTIONS
	Mortgage Interest Statement: Form(s) 1098
	Real Estate Taxes Paid
	Personal Property Taxes: Ad Valorem
	Charitable Donations
	Church Tithes & Offering
	Unreimbursed Job Expenses
	Unreimbursed Medical Expenses
	Current year settlement statement (purchase of new home/refinance)
ADJI	JSTMENTS .
	Student Loan Interest Paid
	IRA Contributions
	Moving Expenses
	Tuition and Fees
SELF	-EMPLOYMENTT DATA
	Partnership Income: Schedule K-1/Corporation income
	Business-related expenses: receipts and other documents
	Employment taxes & other estimated business taxes paid for current tax year
	Tax ID number or Incorporation papers