

MUNOZ ACCOUNTING INC
CLIENT INFORMATION SHEET
TAX YEAR _____

- **PLEASE COMPLETE ALL PAGES OF THIS FORM**
- *** INDICATES REQUIRED FIELDS**
- **RETURNS WILL NOT BE PREPARED WITHOUT A COMPLETED INFO SHEET**

PERSONAL INFORMATION- YOUR LAST NAME MUST BE THE NAME SHOWN ON YOUR SOCIAL SECURITY CARD. YOUR RETURN WILL BE DELAYED DUE TO INCORRECT LAST NAMES BEING SUBMITTED TO THE IRS.

***TAXPAYER** _____
FIRST NAME MIDDLE INT LAST NAME AS APPEARS ON SOC. SEC. CARD

SPOUSE _____
FIRST NAME MIDDLE INT LAST NAME AS APPEARS ON SOC. SEC. CARD

***TAXPAYER SS#** _____ - _____ - _____ ***BIRTHDATE** ____ / ____ / ____ ***OCCUPATION** _____

SPOUSE SS# _____ - _____ - _____ BIRTHDATE ____ / ____ / ____ OCCUPATION _____

ARE YOU BEING CLAIMED ON ANOTHER TAXPAYER'S RETURN? YES NO

ADDRESS INFORMATION- PLEASE WRITE YOUR CURRENT MAILING ADDRESS.

***STREET ADDRESS** _____

***CITY, STATE & ZIP CODE** _____

E-MAIL _____

HOME PHONE NUMBER (____) _____ CELL NUMBER (____) _____

***HOW DID YOU HEAR ABOUT US?** _____

***DIRECT DEPOSIT / DIRECT WITHDRAWAL**- PLEASE ENTER YOUR BANK ACCOUNT INFORMATION. IF YOU DO NOT HAVE A BANK ACCOUNT, PLEASE CHECK THE "NO" BOX. IF NO BANKING INFORMATION IS ENTERED OR INFORMATION IS INCOMPLETE, YOU WILL RECEIVE YOUR REFUND CHECK(S) IN THE MAIL.

****WOULD YOU LIKE TO HAVE YOUR REFUND DIRECT DEPOSITED?** YES NO

NAME ON ACCOUNT _____

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING SAVINGS

DEPENDENT INFORMATION- LIST ANY DEPENDENTS. IF YOU CAN NO LONGER CLAIM SOMEONE AS A DEPENDENT, WRITE "CAN'T CLAIM" AS THE RELATIONSHIP. ALL LAST NAMES MUST BE WRITTEN AS THEY APPEAR ON THE DEPENDENT'S SOCIAL SECURITY CARD.

NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE
NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE
NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE

CHILD CARE INFORMATION- A CREDIT MAY BE AVAILABLE FOR EXPENSES PAID TO A DAYCARE, PRESCHOOL, OR CAMP. YOU WILL NEED ALL OF THE FOLLOWING INFORMATION TO QUALIFY FOR THE CREDIT!

CHILD CARE PROVIDER NAME _____ FED ID OR SS# _____

ADDRESS _____

AMT PAID FOR YR _____ DEPENDENT NAME(S) _____

DID YOU PARTICIPATE IN A DAYCARE BENEFIT PLAN WITH YOUR EMPLOYER? YES NO

HIGHER EDUCATION INFORMATION-A CREDIT MAY BE AVAILABLE FOR QUALIFIED EXPENSES PAID TO AN INSTITUTION OF HIGHER LEARNING.

1) STUDENT NAME _____ TUITION PER YR _____

UNDERGRAD/GRAD _____ SCHOOL NAME _____

2) STUDENT NAME _____ TUITION PER YR _____

UNDERGRAD/GRAD _____ SCHOOL NAME _____

FEDERAL ESTIMATED PAYMENTS - LIST ANY QUARTERLY ESTIMATED TAX PAYMENTS YOU MADE TO THE GOVERNMENT.

FED: _____
APRIL JUNE SEPT JAN

* INDICATES REQUIRED FIELD

ADDITIONAL INFORMATION- IF YOU NEED TO MENTION ANYTHING THAT COULD NOT FIT ON THE INFORMATION SHEET (EXTRA DEPENDENTS, OTHER CHILD CARE INFORMATION, ETC) OR HAVE ANY QUESTIONS LIST THEM HERE.

WE (I) HEREBY ATTEST THAT ALL INFORMATION PROVIDED IN THIS CLIENT INFORMATION SHEET IS CORRECT. WE (I) FURTHER STATE THAT WE HAVE PROVIDED ALL THE DOCUMENTS THAT ARE REQUIRED TO PREPARE THE _____(YEAR)TAX RETURN AND SUBMIT THAT WE (I) HAVE ADEQUATE DOCUMENTATION TO SUPPORT INCOME & DEDUCTIONS LISTED ON THE TAX RETURN. *MUNOZ ACCOUNTING INC* WILL NOT BE HELD RESPONSIBLE FOR ANY ERRORS ON THE TAXRETURN DUE TO CLIENT OMISSIONS OR INCORRECT INFORMATION ON THE CLIENT INFORMATION SHEET, AND THAT AN ADDITIONAL FEE WILL BE INCURRED IN ORDER TO MAKE CORRECTIONS. FURTHERMORE, IT IS UNDERSTOOD THAT WE (I) ARE RESPONSIBLE FOR THE TAX RETURN AND PAYMENT OF MY BALANCE DUE TO THE IRS BY APRIL 15TH. MOREOVER, IF WE (I) OWE, I UNDERSTAND THAT I HAVE TO SEND IN THE AMOUNT I OWE WITH MY EXTENSION. WE (I) UNDERSTAND THAT IT IS OUR (MY) RESPONSIBILITY TO HAVE REVIEWED THE TAX RETURN, TRANSMITTALS, AND BANK ACCOUNT INFORMATION PRIOR TO SIGNING OUR E-FILING WITH THE PREPARER AND ARE AWARE OF THE CONTENT OF THE TAX RETURN AND WHETHER I AM RECEIVING A REFUND OR IF I HAVE A BALANCE DUE. I AM ALSO AWARE THAT MY MISTAKES WILL DELAY MY REFUND. **THIS ENGAGEMENT IS LIMITED TO THE PREPARATION OF INCOME TAX RETURNS. ADDITIONAL SERVICES WILL INCUR AN ADDITIONAL CHARGE. WE (I) ALSO ACKNOWLEDGE THAT PAYMENT IS DUE UPON COMPLETION OF THE TAX RETURN, AND THAT ONCE PAYMENT IS MADE, THE FEE FOR SERVICES RENDERED IS NONREFUNDABLE.**

* _____
CLIENT NAME

* _____
DATE

* _____
CLIENT SIGNATURE

* INDICATES REQUIRED FIELD