

2020



Jennifer Hofmeister CPA, P.C.
 1706 North Circle Drive · Colorado Springs, CO 80909

Date _____

CLIENT INFO / UPDATE SHEET

1. Personal Information

	<u>Name</u>	<u>Date of Birth</u>	<u>Occupation</u>	<u>Phone Number</u>	<u>Email</u>
Taxpayer					
Spouse					
Address		City		State	Zip Code

2. Dependents you are claiming on your return (Children and Others)

	<u>Name</u>	SSN (only if not on file). Please, DO NOT EMAIL, TEXT or FAX this information. Please Call, Upload to ShareFile, or provide SSN in person.	<u>Date of Birth</u>	<u>Occupation (Student,...)</u>	<u>Months lived with you this year?</u>	<u>Any Income?</u>	<u>Do we need to file a return for this dependent?</u>	
Child 1							No <input type="checkbox"/>	Yes <input type="checkbox"/> Please provide W-2s and other tax docs
Child 2							No <input type="checkbox"/>	Yes <input type="checkbox"/> Please provide W-2s and other tax docs
Child 3							No <input type="checkbox"/>	Yes <input type="checkbox"/> Please provide W-2s and other tax docs
Child 4							No <input type="checkbox"/>	Yes <input type="checkbox"/> Please provide W-2s and other tax docs
Child 5 or Other							No <input type="checkbox"/>	Yes <input type="checkbox"/> Please provide W-2s and other tax docs

3. Self-employed Business Information (If you do not have a small business, skip to the next section)

	<u>Name</u>	<u>Federal ID Number</u>	<u>Type of Entity</u>	<u>Business Phone</u>	<u>Cell Phone</u>	<u>Fax Number</u>	<u>Email</u>
Business							
Business							
Address		City		State	Zip Code		

OVER PLEASE →

4. General Questions - *if yes, please provide requested details

1. Would you like to electronically file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Did you make any estimated tax payments? (if yes, please provide documentation via checks, electronic payment statements etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Did you purchase goods that you did not pay sales tax on in the tax calendar year (i.e. online purchases)? If so, how much?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount- \$
4. Were there any births, deaths, marriages, divorces, adoptions in your immediate family? (please make sure noted on page 1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Did you or your spouse have any foreign bank accounts? (if yes, please speak with us regarding reporting requirements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. Did you receive economic impact payments (stimulus) in 2020 or Jan 2021? (if yes, how much for each? Include IRS notice 1444 if possible)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount- \$
7. Did you or your spouse buy or sell a house? (if yes, please include closing documents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. Did you or your spouse sell any stocks or bonds in the tax calendar year? (if yes, please provide 1099-B or other documentation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. Did you or your spouse receive payments from a retirement, pension or profit-sharing plan? (if yes, please provide 1099-R or SSA-1099)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Did you or your spouse contribute to a retirement plan that was not through your employer? (if yes, please provide plan type and contribution documentation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Did you purchase health coverage on the exchange? (if yes, please provide form 1095A)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Did you have any child or dependency care expenses? (if yes, please include care provider's name, address, EIN and amount)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Did you incur any tuition or continuing education expenses? (if yes, please provide 1098-T, receipts for books etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

5. Client Preferences

Tax Return Delivery Preference:	Both <input type="checkbox"/> Check Box	Portal Upload <input type="checkbox"/> Check Box	Hard Copy <input type="checkbox"/> Check Box
Invoice Delivery Preference:	Email <input type="checkbox"/> Check Box	Paper <input type="checkbox"/> Check Box	Charge to same account as direct deposit/withdrawal <input type="checkbox"/> Check Box

6. Direct Deposit and Electronic Withdrawal

Would you like to have your refund directly deposited into your bank account? Yes No

Would you like to have your tax due withdrawn from your bank account? Yes No

*****If you marked yes to either of these questions, please provide a voided check or your bank information below.

Bank name _____

Routing number _____

Account number _____

Same account as used in 2019 Yes No

7. Identification

In order to comply with federal and state filing regulations, we need current drivers license or other identification. Please provide us with a copy of your current identification. Failure to do so could result in a delay or the inability to electronically file your tax return. Thank you for your assistance in complying with these requirements.

Taxpayer ID received Yes No Spouse ID received Yes No

Client Signature _____