



To better serve you and meet your tax preparation expectations, we ask that you take a few minutes to fill out the information below.
If you have any questions while completing this form, please do not hesitate to ask.

1 Fill out this form to the best of your knowledge, and review and sign the legal documents.

2 You can choose to leave this form and your tax documents with the Client Service Professional at the front desk or you can choose to have a 10-15 minute meeting with your tax professional.

3 After we receive this form we will meet with you to go over all documents and return options.

Are you a returning Money Time Tax Service Client? ☐ Y | ☐ N

If yes, do you have a preferred Tax Professional? (please provide name): _____

What date would you like for your return to be ready? (typical turnaround is 3 days): _____

CLIENT INFORMATION:

Primary Taxpayer Name: _____

Spouse Name: _____

Date of Birth: _____

Spouse Date of Birth: _____

SSN or ITIN: _____

Spouse SSN or ITIN: _____

Marital Status: ☐ Single | ☐ Married | ☐ Widowed

Occupation: _____

Occupation: _____

Address (If different): _____

Address: _____

City, State, Zip: _____

Best Phone Number: _____

Preferred Contact Method: ☐ Email | ☐ Phone

Email: _____

Best Phone Number: _____

Email: _____

Can you be claimed as a dependent by someone else? ☐ Y | ☐ N

Are you an active member or the spouse/dependent of an active member of the military? ☐ Y | ☐ N

Would you like to designate \$3 to the presidential campaign fund? ☐ Y | ☐ N

DEPENDENTS* (or person living in your household)

Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled?

*If any dependents listed did not live at the primary taxpayers address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the tax authorities.

INCOME:

(Check all that apply & include documents.)

- ☐ Employer (W-2)
- ☐ Self-Employment*
- ☐ Interest (1099-Int)
- ☐ Social Security/Retirement
- ☐ Dividends (1099-Div)
- ☐ Rental Property*
- ☐ Stock or Mutual Fund sale (1099-B)
- ☐ Unemployment

EXPENSES:

(Check all that apply & include documents.)

- ☐ Self Employment*
- ☐ Un-reimbursed by your employer
- ☐ Education
- ☐ Rental Property*
- ☐ Medical/Dental care
- ☐ Union Dues

CREDIT & DEDUCTIONS:

(Check all that apply & include documents.)

- ☐ Donate cash or goods to a charity?
- ☐ Pay Student Loan interest?
- ☐ Pay Child/Dependent Care expense?
- ☐ Have a Mortgage Payment? (1098)
- ☐ Make an IRA Contribution?
- ☐ Make a major taxable purchase?
- ☐ Pay Property Taxes?

HEALTH INSURANCE

(Check all that apply & include documents.)

Were you or any members of your household:

- ☐ Covered by a qualified private or government health insurance plan?
- ☐ Enrolled in a health insurance plan through the federal or state marketplace?

MISCELLANEOUS*:

(Check all that apply.)

Did you or your spouse:

- ☐ Sell a home?
- ☐ Take an IRA or 401(k) distribution?
- ☐ Pay/Receive alimony?
- ☐ Adopt a child?
- ☐ Suffer catastrophic loss?
- ☐ Have gambling winnings/losses?

* If this applies, we recommend you meet with your tax professional to discuss your tax situation before dropping off your information.

TAX PROFESSIONAL OR CLIENT SERVICE PROFESSIONAL COMPLETE THE SECTION BELOW:**Legal Disclaimers**

Client received Privacy Policy, Consent to Use and Consent to Disclose Service Provider documents, and the documents were explained and executed as applicable. ☐Y | ☐N

Did the client review and sign the Client Service Agreement? ☐Y | ☐N

Follow Up

When would the client like to review and approve their tax return?

Money Time Tax Service – Appointment time and date: _____

I, _____, am giving Money Time Tax Services permission to prepare all forms related to my tax return; to apply for and secure RACs and RALs on my behalf; and sign all necessary forms and file my taxes electronically. I take full responsibility for the accuracy of this form and understand that Money Time Tax and/or associated affiliates hold no responsibility for any misrepresentations or false claims.

Taxpayer ID Type: _____ Exp. Date: _____

Spouse ID Type: _____ Exp. Date: _____

Place of Issuance, if any _____

Place of Issuance, if any _____

Date of Issuance, if any _____

Date of Issuance, if any _____