



**CLIENT INFORMATION SHEET**

Tax Year: \_\_\_\_\_

Are you a  New or  Returning client?

If you are a new client, how did you hear about us?

- REFERRAL       PHONEBOOK       SIGNS       MAILING  
 OTHER \_\_\_\_\_

***Please take a moment to provide us with the information requested as required by the IRS.***

1) PERSONAL INFORMATION (AS SHOWN ON SSA CARD)		IF FILING JOINT	
TAXPAYER	SSN or ITIN	SPOUSE	SSN or ITIN
NAME		NAME	
DATE OF BIRTH		DATE OF BIRTH	
OCCUPATION		OCCUPATION	
HOME PHONE		HOME PHONE	
CELL		CELL	
EMAIL		EMAIL	
BEST METHOD OF CONTACT		BEST METHOD OF CONTACT	

MAILING ADDRESS			
STREET		APT OR LOT NO.	
CITY	ST	ZIP	COUNTY

2) YOUR FILING STATUS AND HOUSEHOLD INFORMATION ON DECEMBER 31 of the tax year (Check appropriate boxes)	
<input type="checkbox"/> Single (Unmarried or divorced)	<input type="checkbox"/> Qualifying Widow (with qualifying dependents)
<input type="checkbox"/> Married Filing Joint (Married and filing together)	<input type="checkbox"/> Married Filing Separately (Married, but not filing together)
<input type="checkbox"/> Head of Household (Single, with dependents)	<input type="checkbox"/> Unsure

**Answer Yes or No to each question below.**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Did anyone else live in your home for the tax year besides you and the dependents you plan to list below?	
<input type="checkbox"/>	<input type="checkbox"/>
Did you and your spouse live and work in another state at any time during the tax year?	
<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed on someone else's tax return?	
<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse legally blind?	
<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse currently serving in the military?	
<input type="checkbox"/>	<input type="checkbox"/>
Did you have child care expenses? <input type="checkbox"/> If yes, do you have a statement from the provider?	
<input type="checkbox"/>	<input type="checkbox"/>
If you are the non-custodial parent claiming a dependent on your return, do you have form 8332 signed by custodial parent?	

**3) YOUR DEPENDENT INFORMATION (IT IS VERY IMPORTANT THAT THIS INFORMATION BE ACCURATE TO AVOID DELAYING YOUR REFUND)**

NAME OF DEPENDENT (EXACTLY as it appears on Social Security card)	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP	MONTHS IN YOUR HOME

**4) DID YOU HAVE INCOME FROM THE FOLLOWING SOURCES?**

Yes No

  Wage Income? (Form W-2)  Foreign bank account(s)?  Interest / dividends / sale of stocks & bonds? (Form 1099)  Digital currency? (i.e. Bitcoin, etc.)  Pension and/or withdrawal / distribution from your retirement account? (Form 1099-R)  Unemployment compensation? (Form 1099-G)  Social security benefits, SSI, VA benefits, or RR retirement? (Forms SSA-1099, RRB-1099)  Gambling winnings, awards, prizes, etc.? (W-2G or 1099-MISC)  Small business? (1099-NEC)  Farm/Farm Rental?  Rental property?If yes, and you have depreciable assets, do you want us to prepare your Georgia PPT?  Yes  No**5) ADDITIONAL TAX INFORMATION** Own your home  Form 1098-Mortgage Interest  Pay Property Taxes Rent in Georgia  Amount paid per month \$ \_\_\_\_\_

Landlord Name &amp; Address:

 Yes  No Did you, your spouse, or dependent attend school beyond high school in the tax year? Yes  No If yes, did you receive Form 1098-T? Yes  No Do you owe back taxes, child support or delinquent student loans or have DFAS or AAFES debt? Yes  No Did you or anyone on the tax return have ACA/Obamacare healthcare? Yes  No If yes, do you have form 1095-A from healthcare.gov?**6) VIRTUAL CURRENCY** Yes  No At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?**7) PAYMENT FOR SERVICES** CASH, CHECK, OR CREDIT/DEBIT CARD – YOU PAY TODAY PREPARATION FEE DEDUCTED FROM REFUND (EXTRA FEES APPLY) ADVANCE REFUND (36 – 72 HOURS) (EXTRA FEES APPLY) **\*\*Not available after February 2021****8) TAX REFUND DISBURSEMENT** DIRECT DEPOSIT  CHECKING  SAVINGS BANK NAME: \_\_\_\_\_  
ROUTING # \_\_\_\_\_ A/C # \_\_\_\_\_ CHECK PREPAID CARD**TAXPAYER'S STATEMENT**

I certify that all the above information is true and correct and should be used in completing my tax return. Also, I state that I am qualified to file this return using the filing status selected above. I further understand that any false statement by me and/or my spouse is considered fraud and is punishable under the laws of the United States Government. I am aware John L. Fulcher, CPA LLC may do tax work for ex-spouses, children who are the age of majority, live-ins, and other family members. I give informed consent to transparency should any matter of conflict of interest develop. I understand that without a court subpoena, John L. Fulcher, CPA LLC will not disclose to any other parties any of the information contained on my tax return. Disclosure is necessary for file processing. Refund loans, collections, or loan check pickup at any John L. Fulcher, CPA LLC location.

**TAXPAYER'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_**SPOUSE SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_**NEW CLIENTS:** I am attesting that I was asked by John L. Fulcher, CPA LLC to furnish a prior year return to assist in the preparation of my current year taxes. By signing, I agree that I **did not** provide a prior year return.\_\_\_\_\_  
Taxpayer Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Spouse's Signature\_\_\_\_\_  
Date

## Potential Tax Credit Worksheet

*Note: This worksheet does NOT determine eligibility. It documents receipt of information required to make a proper determination.*

<b>PRIMARY TAXPAYER NAME:</b>	<b>TAX YEAR:</b>
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The IRS continues to intensify its efforts to verify Tax Credit claims and holding tax preparers responsible for exercising "DUE DILIGENCE" in preparing such tax returns. Failure to make sufficient inquiries subjects a tax preparer to fines and penalties up to \$1,530 PER RETURN. Therefore, THIS INFORMATION IS REQUIRED as applicable.

**Please answer the following questions if any of the following apply. Not all sections may apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Claiming dependents                                     | <input type="checkbox"/> Household income under \$25,000         |
| <input type="checkbox"/> Head of Household filing status                         | <input type="checkbox"/> Self-employment income (small business) |
| <input type="checkbox"/> Anyone on the return attended school beyond high school |  |

### 1. ALL TAXPAYERS COMPLETE THIS SECTION

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a credit disallowed or reduced in any prior year?
<input type="checkbox"/>	<input type="checkbox"/>	Were you a US citizen, US National or resident alien all year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your spouse live in the US all year? If not, how long? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have income from outside the US? If so, where? _____

### 2. CLAIMING DEPENDENTS/HEAD OF HOUSEHOLD FILING STATUS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are/Were you separated from your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	If so, did you live with your spouse any time during the last 6 months of the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your child(ren), stepchild(ren), or foster child(ren) live with you during the tax year?
What school(s) did the child(ren) attend?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have school, daycare, */or medical records for each child as evidence of attendance from your address? These documents must show the parent's name, child's name, and address. <b>IRS MAY REQUEST COPIES OF THESE DOCUMENTS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Is any child listed on your tax return married and filing a joint tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for more than 1/2 the cost of maintaining your home for you and a qualifying dependent?
<input type="checkbox"/>	<input type="checkbox"/>	Is your income sufficient to support yourself and family?
<input type="checkbox"/>	<input type="checkbox"/>	Did any dependent on your tax return make more than \$4,150 during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone living with you help pay living expenses, including toiletries, groceries, clothing, rent, utilities, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your household have more income than you? What is their relationship to you?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone not listed on the client information sheet live with you during the tax year?
If so, who? (use the Additional Information section to list additional household members)		
Name: _____ Relationship to you: _____ how long? _____		
<input type="checkbox"/>	<input type="checkbox"/>	Did any adult, other than your spouse, live in the same household as the child(ren) during the tax year?
If so, who?		
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone on your tax return live with you for less than 6 months?
If so, who?		

### 3. EDUCATION BEYOND HIGH SCHOOL

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone attend school beyond high school during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, did they receive a 1098 T?
<input type="checkbox"/>	<input type="checkbox"/>	Are they pursuing a degree or credential?
<input type="checkbox"/>	<input type="checkbox"/>	Were they enrolled more than 1/2 time for at least one period?
<input type="checkbox"/>	<input type="checkbox"/>	Did they have a bachelor's degree before this tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Have they claimed the American Opportunity or Hope Tax Credit in the 4 previous years?
<input type="checkbox"/>	<input type="checkbox"/>	Have they been convicted of a felony?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have receipts or financial records for qualifying expenses?

**4. SELF EMPLOYED INCOME (1099-NEC)**

Yes No

If you have a 1099, side gig or business, or freelance, how long have you done this activity? \_\_\_\_\_

What evidence do you have to support your business?

- Business Cards       Business Stationery       Receipts/receipt books       Business license(s)

Do you have a separate bank account?

If no, how do you track business activity?

Have you filed any sales tax returns or payroll returns? Indicate either/both:

Indicate which of the following you have:  Accounting records       Log books       Paid invoices/receipts

Computer records       Mileage Log       Car/truck expenses       Ledgers       Business bank statements

Do you file 1099's for subcontractors?

By signing this document, you attest that you have understood the questions and answered these questions truthfully. You also understand that your tax preparer may ask additional clarification questions in order to claim additional tax credits.

**TAXPAYER'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SPOUSE SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_



**John L. Fulcher**  
CERTIFIED PUBLIC ACCOUNTANT

**Agreement for Tax Services**

John L. Fulcher, CPA LLC and Taxpayer agree to the following:

1. Thank you, \_\_\_\_\_ (here-in-after known as Taxpayer), for choosing the professionals of John L. Fulcher, CPA LLC to prepare and file your tax return, for tax year \_\_\_\_\_, In doing so, you are telling us that you have received all of your tax information (W-2s, 1099s, K-1s, etc.) and that your tax return is ready to be filed. If you receive additional information after we file your return, this document is your official notification that should you request our services in filing the required amended return, we will be charging you an additional minimum \$75.00 fee for services rendered. All returns eligible for electronic filing will be filed electronically.
2. John L. Fulcher, CPA LLC's fees are not based upon your income or you tax refund. Fees are based on a per-form charge with a minimum per-form charge. Taxpayer agrees to pay for the services performed before the release of completed returns. No tax return will be released without payment in full. JLF accepts cash, checks, VISA, MasterCard, Discover, and American Express. Any check returned for any reason by your bank is subject to a charge of \$30.00.
3. Please not that we cannot fax/send/share any tax documentation without having specific prior written consent on file in this office. This written consent must be given in person in our office.
4. John L. Fulcher, CPA LLC stands by its work. If we make an error, we will correct the error at no additional charge. If our error results in a penalty, we will request Penalty Abatement from the IRS. If abatement is denied, we will pay the penalty and interest at the time of discovering the error. If there is a history of non-compliance within the last 3 years and the IRS declines abatement, John L. Fulcher, CPA LLC also reserves the right to decline reimbursement for related penalty and interest. By law, as the taxpayer, you will be responsible for all tax.
5. You are required to request and verify that an extension has been filed if one is needed.
6. Tax returns are subject to review by taxing authorities. Should an examination of Taxpayer's return occur, John L. Fulcher, CPA LLC would be available to represent you or consult you under a separate service agreement.
7. **By signing this document, you agree that you understand and accept these provisions.**

If you have any questions, please call us. We appreciate the opportunity to serve you.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date



**John L. Fulcher**  
CERTIFIED PUBLIC ACCOUNTANT

Tax Year \_\_\_\_\_

Consent to **USE** OF Tax Return Information

Primary Taxpayer's name (please print) \_\_\_\_\_

For your convenience, John L. Fulcher, CPA LLC may use your tax return information to provide you with information or opportunities that may be of interest to you. Such information may include seminars on topics related to your unique tax situation, ways to improve your tax situation, and financial products.

John L. Fulcher, CPA LLC has entered into arrangements with a third party to provide qualifying taxpayers with the opportunity to apply for financial products, including Loan, Electronic Refund Check or Electronic Refund Deposit. To determine whether these products may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

By signing below, you (including each of you if there is more than one taxpayer) authorize John L. Fulcher, CPA LLC to use the information you provide to us during the preparation of your tax return to determine whether to present you with the information, opportunities or services as described above.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Married Filing Jointly)

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Name (print): \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).