Curran's Tax Service

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CLIENT INFORMATION SHEET

	2106 inapis Ra, Crav	viordsville in 4/9:	33	T	AX YEAR	
YOUR INFOR	MATION			and the second s		PAGE 1
Your Full Name		Social S	Security Number Birt	h Date Occ	upation in 2020	
SPOUSE'S INF	-ORMATION	1964 - 1985 - 1964 1				
Spouse's Full Name		Social S	ecurity Number Birt	h Date Occ	upation in 2020	1
ADDRESS & C	ONTACT INFORM	ATION	a distribution de la constant de la La constant de la constant de			graph of the second
Address			City		State Zip	
Best Phone	Best time to		Email Address			<u> </u>
*			Linat Address			
County of Residence		se provide DL for gs and identity pro		S Citizen/Resident Al *Please Circle Tha		- xearsty control of the
FILING STATU	JS					ranto de la del
Marital status at the	end of 2020					
Single N	Married Divorced: y	ear	Did you pay for over 2020?	half the cost of keeping	up your home du	uring -
If married, did you li months of 2020?	ive apart from your spou	se during the last 6	Yes No	include rent, utilities, fo	-1 :- 1	
IRS, you can provide live with you during	s," you are confirming the documentation that verified the last 6 months of the last, a letter from a clerg	ies your spouse did no year, such as a leas	mortgage interest, re use payments you re for part of the cost of money you paid. However we have a support to the cost of the	eal estate taxes, and insur- ceived under any public a of keeping up your home, y wever, you must include t e to figure if you paid over	ance on the homessistance programed count count them in the total half the cost.	me. If you m to pay them as al cost of
Can you be claimed a	as a dependent on some	one else's tax return?	you can provide doci	umentation that verifies your home, such as rent re	ou paid for over	half the
Yes No			cery receipts, and ot	ner household bills.		
DEPENDENTS						20 (20)
First Name	Last Name	Birth Date	Social Security Number	Relationship to You	# Months Lived	Claiming for
FERRICA FORE TAXABLE MATERIAL SALES					with You 2020	2020 7
			11			
			at the state of th			
If requested by the IR listed above (birth ce	RS, can you provide docui rtificates, marriage cert	nentation that shows ificates, court docum	evidence of the relations ents, letters from author	hip between you and each	of your dependence.)?	dents
- 198 1910 - 1		donce that as all as		0		
during 2020 (school, r	medical, cintocare provi	der, social service rec	cords, etc.)?	th you for the number of	months stated a	above
res	No La I have	daycare expenses	Care provider name & I	Fed ID #		

REQUIRED INFORMATION	FOR DEPENDENTS
If you are claiming a de	enendent child on your tay return in order for

If you are claiming a dependent child on your tax return, in order for us to meet certain requirements set forth by the IRS, you are required to accurately and thoroughly answer all questions listed below. If applicable, be sure to provide a detailed explanation for each child you are claiming. Your tax preparer will review each question that pertains to your situation during the preparation of your tax return.

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Are you claiming a ch months during 2020?	aild who was between 19 and 23 years of age at the end of 2 If yes, please list the educational institution and the months	2020 and a full-time student for any part of five calendar
	If "Yes", which ones? Year in College (Freshman, Sophomore, etc) 1098T req.	Was a student convicted of a felony for possession or distribution of a controlled substance in 2020? Yes No
Are you claiming a ch child is permanently a	ild who is permanently and totally disabled? If requested by and totally disabled, such as a note from a doctor, healthcar	the IRS, can you provide documentation that verifies the provider, or social service program?
Yes No		
1	dents you are claiming earn more than \$4200 in wages in 20	20?
Yes No	If "Yes", which ones?	
Can anyone else claim	any of your dependents? * Indicate if someone else can claim	any of your dependents for Earned Income Credit
Yes No	If "Yes", which ones?	Will they try to claim this dependent? Yes No
Are you claiming a chiplease list each adult BREAKER RULES MAY Yes No	ld who lived with any other adult relative, including other prelative who lived in the same home as the child for more the APPLY	
Are you claiming a chil	d who is not your own son or daughter? If yes, please explain	n why the parents of the child are not claiming the child
Yes No	*Proof of residence may be required* Please make note	e of step-children.
lave you ever had Earne previous year? Have you	ed Income Credit, Child Tax Credit, Additional Child Tax Credit I filled out the required recertification form?	, or American Opportunity Credit disallowed or reduced in a
	EIC CANNOT BE CLAIMED UNLESS CHILD RELATIVE	LIVED WITH TP MORE THAN HALF THE YEAR
TAX PREPARER		

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The shared responsibility payment has been reduced to "\$0" (zero) for all taxpayers. Form 8965 is no longer used and no health insurance information will be shown on the tax return unless the taxpayer received Form 1095-A from the marketplace.

If any person listed on this return had healthcare coverage through the marketplace (Exchange) for even one month of 2020, please submit form 1095-A.

outing #		Account #	ny address	Direct deposit to my bank Checking Savings
G 2020, DID YOU OR	YOUR SPOUS	E		
	yes, please explain:			
Wages or salaries Unemployment compensation Social Security benefits Disability from Insurance/VA Do you have any other	Pension, annu Interest on sa Cancellation o Do y of an	uity, IRA, or retirement inc vings or stock dividends f debt by a lender rou have signature control my foreign accounts with	come	Self-employ, Farm income or a 1099 Virtual Currency- Bitcoin or others Rental Income – Received from a rel Yes
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		lance of \$10,000 or more:		
Real estate taxes	process.	nterest R	ENTERS:	Rent you paid per month
dome mortgage haritable donations Fed estimated taxes Per Quarter:	☐ Vehicle excise t	ax		Number of months in 2020 Landlord Name & Address
o you/your spouse have a Health	Savings Account? (H	SA) Family or individual pl	an? Were all	withdrawals for Medical Expenses?
SE PROVIDE NOTICE 1444	STIM	ULUS PAYMENT AMOI	JNT RECEIV	ED 1ST 2ND
ESS LISE OF ALITOMOR				210
T R A L L L L L L L L L L L L L L L L L L	G 2020, DID YOU OR or work in any other states? If any of the following? Wages or salaries Unemployment compensation Social Security benefits Disability from Insurance/VA Do you have any other world-wide income you need to report? The ments for any of the following eal estate taxes from mortgage that the compensations are destimated taxes for Quarter: The you/your spouse have a Health of the provided in the compensation of the following eal estate taxes from mortgage that the compensation of the provided estimated taxes for Quarter:	G 2020, DID YOU OR YOUR SPOUS or work in any other states? If yes, please explain: any of the following? Wages or salaries Unemployment compensation Gocial Security benefits Disability from Insurance/VA Do you have any other world-wide income you need to report? ments for any of the following? eal estate taxes ome mortgage haritable donations fed estimated taxes for Quarter: Do you/your spouse have a Health Savings Account? (Health Savings Account. (Health Savin	G 2020, DID YOU OR YOUR SPOUSE or work in any other states? If yes, please explain: any of the following? Wages or salaries Jemployment compensation Gocial Security benefits Jinterest on savings or stock dividends Disability from Insurance/VA Do you have any other world-wide income you need to report? The ments for any of the following? The eal estate taxes The mortgage The interest on savings or stock dividends Cancellation of debt by a lender Do you have signature control of any foreign accounts with a balance of \$10,000 or more? The control of any foreign accounts with a balance of \$10,000 or more? 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****PLEASE PROVIDE ALL DOCUMENTATION ON ANY PPP LOAN APPLICATIONS AND FORGIVENESS APPLICATIONS.

We will prepare your Federal and State income tax returns using information that you provide. We may ask for clarification of some items, but we will not audit or otherwise verify the information you give to us.

YOUR RESPONSIBILITIES

It is your responsibility to provide all the information required for the preparation of complete and accurate tax returns. You should retain all documents, cancelled checks, and other data that support your reported income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for your income tax returns, and therefore, you should review them carefully before you sign them.

OUR RESPONSIBILITIES

We are responsible for taking the information given to us by you and ensuring your tax returns are accurate to the best of our knowledge. We are also responsible for the timely electronic filing of your tax returns.

During our engagement with you, we may provide you with an estimated refund date. We do not however have any influence over the IRS or State issuing your refunds. These taxing authorities do not guarantee a specific date that a tax refund will be issued.

Your tax returns may be selected for audit by a taxing authority. In the event of a tax examination, we can arrange to assist you with any correspondence or communication that is initiated by the IRS or State.

It is our policy to keep records related to this engagement for 3 years. However, we do not keep any of your original records, so you should retain these records in secure storage. Upon the expiration of the 3 year period, we are free to destroy our records.

In the event of a complaint related to the services we provide, we agree to discuss the complaint, and if necessary, to take action in a good faith effort to resolve the complaint.

Signature	and correct to the best of my knowledge. I also agree to a Spouse's Signature	Date
		Dute