Curran's Tax Service rod@curranstax.com 765.362.2522

CLIENT INFORMATION SHEET

ax 765.362.1482		l, Crawfordsville	e IN 47933			TAX YEAR	2021
YOUR INFORM	IATION		ings Stage				PAGE 1
Your Full Name			Social Sec	curity Number Bi	rth Date	Occupation in 202	21
SPOUSE'S INF	ORMATION						
Spouse's Full Name	CIVILATION						
			Social Sec	curity Number Bi	rth Date	Occupation in 202	21
ADDRESS & CO	ONTACT INF	ORMATION					,
Address				City		State 75	
						State Zi _l)
est Phone	Best	time to call		Email Address	S de la companya del companya de la companya del companya de la co		
Magazina da Cara da Car				*			
ounty of Residence Ja	nuary 1, 2021	Please provide filings and ide			US Citizen/Reside *Please Circl	nt Alien/Non-res e That Which Ap	s. Alien
FILING STATUS			de ashir			egit services and	Piles
arital status at the e	end of 2021						
Single Ma	rried Divor	ced: year		Did you pay for ove 2021?	er half the cost of ke	eping up your home	during
married, did you live onths of 2021? Yes No By answering "Yes," S, you can provide do with you during the reement, utility bills om social services.	" you are confirm ocumentation tha ne last 6 months	ning that if reques t verifies your spo of the year, such	ted by the	mortgage interest, use payments you r for part of the cost money you paid. He keeping up your hor	es include rent, utilit real estate taxes, and received under any pu of keeping up your he owever, you must ind ne to figure if you pai	I insurance on the hould assistance programe, you cannot count to the total dover half the cost.	me. If you am to pay nt them as tal cost of
n you be claimed as Yes No	a dependent on	someone else's ta	x return?	cost of keeping up	cumentation that veri your home, such as i ther household bills.	fies you paid for over rent receipts, utility	er half the bills, gro-
DEPENDENTS					lydja – stokker	E 27 (2007)	4464
First Name	Last Name	Birth	Date	Social Security Numb	er Relationship to	You # Months Lived with You 2021	Claiming f
		documentation th	at shows evi	dence of the relation		11-6	
1986	can you provide ificates, marriag	e certificates, cou	irt documen	ts, letters from autho	snip between you an rized placement agei	d each of your depernances, etc.)?	ndents

REQUIRED INFORMATION FOR DEPENDENTS	PAGE 2
If you are claiming a dependent child on your tax return, forth by the IRS, you are required to accurately and thoroughly are sure to provide a detailed explanation for each child you are claim that pertains to your situation during the preparation of your tax return Are you claiming a child who was between 19 and 23 years of age at the end of a months during 2021? If yes, please list the educational institution and the months	nswer all questions listed below. If applicable, be ning. Your tax preparer will review each question turn.
Yes No 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 controled substance in 2021? Yes No
Are you claiming a child who is permanently and totally disabled? If requested by child is permanently and totally disabled, such as a note from a doctor, healthcar	y the IRS, can you provide documentation that verifies the e provider, or social service program?
Yes No	
Did any of the dependents you are claiming earn more than \$4200 in wages in 20	21?
Yes No If "Yes", which ones?	
Can anyone else claim any of your dependents? * Indicate if someone else can claim	n 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 child who lived with any other adult relative, including other please list each adult relative who lived in the same home as the child for more to BREAKER RULES MAY APPLY	parent for more than half the year during 2021? If yes, han half the year, their relationship to the child. TIE-
☐ Yes ☐ No	

Are you claiming a child who is not your own son or daughter? If yes, please explain why the parents of the child are not claiming the child.

Yes No *Proof of residence may be required* Please make note of step-children.

Have you ever had Earned Income Credit, Child Tax Credit, Additional Child Tax Credit, or American Opportunity Credit disallowed or reduced in a previous year? Have you filled out the required recertification form?

Yes No EIC CANNOT BE CLAIMED UNLESS CHILD RELATIVE LIVED WITH TP MORE THAN HALF THE YEAR

TAX PREPARER'S NOTES

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HEAI THOARE COVERAGE INFORMATION

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 2021, please submit form 1095-A.

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RFC	FIVING YOUR REFUND				TANK DEPARTMENT
	If you are due a REFUND would bank Name* Routing #	ld you prefer Che	ck mailed to my add	lress Direct deposit to n Checking Savings	ny bank
DU	RING 2021, DID YOU OR \	YOUR SPOUSE			
	Live or work in any other states? If your eive any of the following? Wages or salaries Unemployment compensation Social Security benefits Disability from Insurance/VA	☐ Gambling winnings		Self-employ, Farm inco Virtual Currency- Bitco Rental Income – Receiv	in or others
	 Do you have any other world-wide income you need to report? 	of any fore a balance o	e signature control gn accounts with f \$10,000 or more?		
Mak	e payments for any of the following? Real estate taxes Home mortgage Charitable donations Fed estimated taxes Per Quarter:	Student loan interest College tuition Vehicle excise tax State estimated taxes Per Quarter:		FERS: Rent you paid per mon Number of months in 20 Landlord Name & Addre)21
Oth	er Do you/your spouse have a Health	n Savings Account? (HSA) F	amily or individual plan?	Were all withdrawals for Medica	l Expenses?
	PLEASE PROVIDE NOTICE 1444 JSINESS USE OF AUTOMO		IT RECEIVED 3 RD P	AYMENT ACTC	
Enter i Was yo	did you place your vehicle into service for niles in appropriate spaces Business our vehicle available for use during off duty or your spouse have another vehicle avai	Personal / hours? YES NO	Commute NO Do you have wr	itten evidence to support your deduc	tion? YES NO

****PLEASE PROVIDE ALL DOCUMENTATION ON ANY PPP LOAN APPLICATIONS AND FORGIVENESS APPLICATIONS.

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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.

ur Signature	Spouse's Signature	Date