Curran's Tax Service rod@curranstax.com 765.362.2522

# **CLIENT INFORMATION SHEET**

fax 765.362.1482 210	6 Indpls Rd, Crawfor	rdsville IN 47933		-	ΓAX YEAR 2	
YOUR INFORMAT	TON				P	AGE 1
Your Full Name		Social Secu	rity Number Bii	rth Date O	ccupation in 2022	
SPOUSE'S INFOR	MATION					
Spouse's Full Name		Social Secu	rity Number Bi	rth Date O	ccupation in 2022	
ADDRESS & CON	TACT INFORMAT	ΓΙΟΝ				
Address			City		State Zip	
Best Phone	Best time to ca	ll	Email Address	5		
County of Residence Janua		provide DL for ear		US Citizen/Resident *Please Circle T	' <del>-</del>	I .
FILING STATUS						
Marital status at the end	of 2022					
☐ Single ☐ Marrie	ed 🔲 Divorced: year		Did you pay for ove 2022?	er half the cost of keepir	g up your home du	ring
If married, did you live apart from your spouse during the last 6 months of 2022?  Yes No By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies your spouse did not live with you during the last 6 months of the year, such as a lease agreement, utility bills, a letter from a clergy member, or a letter from social services.		keeping up your home to figure if you paid over half the cost.				
Can you be claimed as a c	denendent on someone	else's tay return?	you can provide do	ocumentation that verifies your home, such as ren	you paid for over	half the
Yes No	sependent on someone	etse s tax retarm.		other household bills.		
DEPENDENTS						
First Name	Last Name	Birth Date S	Social Security Num	ber Relationship to Y	OU # Months Lived with You 2022	Claiming for 2022 ?
If requested by the IRS, c listed above (birth certifi						dents
Yes No						
If requested by the IRS, during 2022 (school, med				with you for the numbe	r of months stated	above

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# REQUIRED INFORMATION FOR DEPENDENTS

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.

Are you claiming a child who was between 19 and 23 years of age at the end of months during 2022? If yes, please list the educational institution and the months					
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 2022?  Yes No				
Are you claiming a child who is permanently and totally disabled? If requested be child is permanently and totally disabled, such as a note from a doctor, healthca					
Yes No					
Did any of the dependents you are claiming earn more than \$4200 in wages in 20	022?				
Yes No If "Yes", which ones?					
Can anyone else claim any of your dependents? * Indicate if someone else can claim	m any of your dependents for Earned Income Credit				
Yes No If "Yes", which ones?	Will they try to claim this dependent? $\square$ Yes $\square$ No				
Are you claiming a child who lived with any other adult relative, including other parent for more than half the year during 2022? If yes, please list each adult relative who lived in the same home as the child for more than half the year, their relationship to the child. TIE-BREAKER RULES MAY APPLY					
Yes No					
Did the child live in a household with parents who are not married?					
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	/E LIVED WITH TP MORE THAN HALF THE YEAR				

TAX PREPARER'S NOTES

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 2022, please submit form 1095-A.

CEIVING YOUR REFUND				
If you are due a REFUND wou	ld you prefer	Check mailed to my ac	ddress	Direct deposit to my bank
Bank Name				Checking
Routing #		Account #		Savings
URING 2022, DID YOU OR Y	OUR SPOUSI	Ē		
Live or work in any other states? If ye	es, please explain:			
<ul> <li>ceive any of the following?</li> <li>Wages or salaries</li> <li>Unemployment compensation</li> <li>Social Security benefits</li> <li>Disability from Insurance/VA</li> <li>Do you have any other world-wide income you need to report?</li> </ul>	Interest on sa Cancellation o  Do y of a	nings uity, IRA, or retirement incom vings or stock dividends of debt by a lender you have signature control ny foreign accounts with alance of \$10,000 or more?	e <b></b>	Self-employ, Farm income or a 1099-M Crypto Currency- Bitcoin or others Rental Income – Received from a relat Yes N
Real estate taxes  Home mortgage  Charitable donations	Student loan i College tuition Vehicle excise	interest <b>REN</b> n tax	NTERS:	Rent you paid per month Number of months in 2022 Landlord Name & Address
Fed estimated taxes Per Quarter:  ther	State estimate Per Quarter:	ed taxes		
Do you/your spouse have a Health	Savings Account? (I	HSA) Family or individual plan	? Were a	ll withdrawals for Medical Expenses?
Did you receive the \$200 Auto	omatic Taxpaye	er Refund issued by India	ana in 2	022? TP & Spouse?
USINESS USE OF AUTOMOE		·		
n did you place your vehicle into service for b				
r miles in appropriate spaces Businessyour vehicle available for use during off duty		Commute	_	
ou or your spouse have another vehicle availa	ble for personal use?	YES NO Do you have v	vritten evid	ence to support your deduction? YES NC

\*\*\*\*PLEASE PROVIDE DOCUMENTATION For First Time Home Buyer Payback, 3 years spread on 2020 distributions

Employee Retention Credit

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 responsible for preparing only the specific income tax forms for the specified tax years (1040 and corresponding state income tax form). We are also responsible for the timely electronic filing of your tax returns.

Any other requested services/forms will require a separate engagement.

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.

All information I have given is true a	and correct to the best of my knowledge. I also agre	e to and accept the Terms of Engagement.
Your Signature	Spouse's Signature	Date