Curran's Tax Service rod@curranstax.com 765.362.2522

# **CLIENT INFORMATION SHEET**

fax 765.362.1482	2106 Indpls Rd, C	Crawfordsville IN 47933		٦	AX YEAR 2	2023
YOUR INFORM	NATION				P.	AGE 1
Your Full Name		Social Sec	urity Number Bi	irth Date Oc	cupation in 2023	
SPOUSE'S INF	ORMATION					
Spouse's Full Name		Social Sec	urity Number Bi	irth Date Oc	cupation in 2023	
ADDRESS & CO	ONTACT INFO	RMATION				
Address			City		State Zip	
Best Phone	Rost tir	ne to call	Email Addres			
Dest Filone	Dest til	ie to catt				
County of Residence J.		Please provide DL for ealings and identity prot		US Citizen/Resident // *Please Circle Th		I .
FILING STATU	IS					
Marital status at the	end of 2023		1			
☐ Single ☐ M	Single Married Divorced: year Did you pay for over half the cost of keeping up your home during 2023?					
If married, did you live apart from your spouse during the last 6 months of 2023?  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.  Can you be claimed as a dependent on someone else's tax return?			Upkeep expenses include rent, utilities, food eaten in the home, mortgage interest, real estate taxes, and insurance on the home. If you use payments you received under any public assistance program to pay for part of the cost of keeping up your home, you cannot count them as money you paid. However, you must include them in the total cost of keeping up your home to figure if you paid over half the cost.  By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies you paid for over half the cost of keeping up your home, such as rent receipts, utility bills, grocery receipts, and other household bills.			
First Name	Last Name	Birth Date	Social Security Num	nber Relationship to Yo	# Months Lived with You 2023	Claiming for 2023 ?
		documentation that shows e e certificates, court docume				dents
		e evidence that each of yo provider, social service reco		with you for the number	of months stated	above
Yes			Care provider name	& Fed ID #		

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.

	If yes, please list the educational institution and the month	
Yes No	If "Yes", which ones? Year in College (Freshman, Sophomore, etc) <b>1098T req.</b>	Was a student convicted of a felony for possession or distribution of a controled substance in 2023?  Yes No
	hild who is permanently and totally disabled? If requested b and totally disabled, such as a note from a doctor, healthca	
Yes No		
Did any of the deper	ndents you are claiming earn more than \$4200 in wages in 20	023?
Yes No	If "Yes", which ones?	
Can anyone else clair	m any of your dependents? * Indicate if someone else can clain	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
	hild who lived with any other adult relative, including other t relative who lived in the same home as the child for more	
Yes No		
Did the child li	ive in a household with parents who are not married?	
Are you claiming a c	hild who is not your own son or daughter? If yes, please expla	ain why the parents of the child are not claiming the child.
Yes No	*Proof of residence may be required* Please make no	ote of step-children.
	rned Income Credit, Child Tax Credit, Additional Child Tax Cred you filled out the required recertification form?	dit, or American Opportunity Credit disallowed or reduced in a
Yes No	EIC CANNOT BE CLAIMED UNLESS CHILD RELATIV	VE LIVED WITH TP MORE THAN HALF THE YEAR

TAX PREPARER'S NOTES

# HEAI THCARE 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 2023, please submit form 1095-A.

RFC	FIVING YOUR RFFUND			
	If you are due a REFUND wou	ıld you prefer	Check mailed to my addres	s Direct deposit to my bank
	Bank Name			Checking
	Routing #		Account #	Savings
DU	RING 2023, DID YOU OR \	YOUR SPOUS	5E	
	Live or work in any other states? If y	es, please explain	:	
кес	eive any of the following?  Wages or salaries  Unemployment compensation  Social Security benefits  Disability from Insurance/VA  Do you have any other	Interest on s Cancellation Do	nuity, IRA, or retirement income savings or stock dividends of debt by a lender	Self-employ, Farm income, 1099K, NEC, Mi Crypto Currency- Bitcoin or others Rental Income – Received from a relative? Yes No
	world-wide income you need to report? Or Foreign Trust?		any foreign accounts with balance of \$10,000 or more?	
	e payments for any of the following?  Real estate taxes  Home mortgage  Charitable donations  Fed estimated taxes Per Quarter:	Student loar College tuiti	on ent Improvements (docs) ted taxes	S: Rent you paid per month Number of months in 2023 Landlord Name & Address
Oth		Savings Account?	(HSA) Family or individual plan? We	re all withdrawals for Medical Expenses?
these	_	ed explanatio	on of 1099K,1099NEC or 10	99Misc funds. What did you do for
BL	ISINESS USE OF AUTOMOI	BILE MILEAG	E	
Enter m Was yo	did you place your vehicle into service for balles in appropriate spaces Business ur vehicle available for use during off duty or your spouse have another vehicle avail	Personal hours? YES NO	Commute	evidence to support your deduction? YES NO

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	nd correct to the best of my knowledge. I also agree to	and accept the Terms of Engagement.	
Your Signature	Spouse's Signature	Date	