ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

CLIENT REFERRAL

ARE YOU A NEW CLIENT? YES___ NO___

WERE YOU REFERRED? YES___ NO___

IF YES, WHO REFERRED YOU? ____________________

IF NO, HOW DID YOU HEAR OF US? (EX. GOOGLE, FACEBOOK)

____

TAXPAYER BASIC INFORMATION

FULL LEGAL NAME: LAST____________________ FIRST____________________ MI______

FULL ADDRESS: STREET____________________ CITY, STATE____________________ ZIP ______

SSN:____________________

CELL NUMBER: ____________________

PERSONAL EMAIL (NO WORK OR SCHOOL EMAILS): ____________________________

DATE OF BIRTH: ____/____/____

OCCUPATION: ________________________

FILING STATUS: SINGLE____ HOH____ MARRIED FILING JOINT____ MARRIED FILING SEPARATE____ QUALIFYING WIDOWER____

SPOUSE LEGAL NAME: LAST____________________ FIRST____________________ MI______

SSN:____________________

CELL NUMBER: ____________________

PERSONAL EMAIL (NO WORK OR SCHOOL EMAILS): ____________________________

DATE OF BIRTH: ____/____/____

OCCUPATION:________________________

ANANIAH'S TAX SERVICE

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INCOME: PLEASE SELECT ALL THAT APPLY

___W2 (WAGES INCOME)
___SELF EMPLOYMENT INCOME (1099NEC/1099MISC/1099K/PROFIT&LOSS)
___1099R (RETIREMENT INCOME)
___ 1099 DIV (DIVIDEND INCOME)
___1099G (UNEMPLOYMENT INCOME)
___1099 INT (INTEREST INCOME)
___W2G (GAMBLING WINNINGS)
___1099SSA (SOCIAL SECURITY INCOME)

DEPENDENTS (FOR ANY ADOPTED CHILDREN YOU MUST PROVIDE LEGAL DOCUMENTATION FROM COURT)

FULL NAME:________________________________
RELATIONSHIP:______________________________
DATE OF BIRTH: / /
SSN:_____________________
DISABLED:___YES ___NO

FULL NAME:________________________________
RELATIONSHIP:______________________________
DATE OF BIRTH: / /
SSN:_____________________
DISABLED:___YES ___NO

FULL NAME:________________________________
RELATIONSHIP:______________________________
DATE OF BIRTH: / /
SSN:_____________________
DISABLED:___YES ___NO

FULL NAME:________________________________
RELATIONSHIP:______________________________
DATE OF BIRTH: / /
SSN:_____________________
DISABLED:___YES ___NO

FULL NAME:________________________________
RELATIONSHIP:______________________________
DATE OF BIRTH: / /
SSN:_____________________
DISABLED:___YES ___NO

FULL NAME:________________________________
RELATIONSHIP:______________________________
DATE OF BIRTH: / /
SSN:_____________________
DISABLED:___YES ___NO

ANANIAH'S TAX SERVICE

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REFUND SELECTION

CASH ADVANCE OPTIONS ARE AVAILABLE (LOAN AMOUNTS RANGE FROM $500 - $3000 (APR 35.99%) WOULD YOU LIKE TO APPLY?

(YES_____ NO_____)

HOW WOULD YOU LIKE TO RECEIVE YOUR REFUND:

__PAY TAX PREP FEES UPFRONT + ELECTRONIC FILING FEE

____ DIRECT DEPOSIT FROM IRS _____CHECK MAILED FROM IRS

HAVE FEES TAKEN FROM REFUND CHECK:

__RT REFUND TRANSFER: CHECK

- 14-21 DAYS FROM THE DATE YOUR RETURN IS ACCEPTED ELECTRONICALLY BY THE IRS, YOU WILL RECEIVE A CHECK FOR THE AMOUNT YOUR REFUND LESS FILING FEES. (CHECK WILL BE AVAILABLE IN OUR OFFICE)

___RT REFUND TRANSFER: DIRECT DEPOSIT

- 14-21 DAYS FROM THE DATE YOUR RETURN IS ACCEPTED ELECTRONICALLY BY THE IRS, FOR THE AMOUNT OF YOUR REFUND LESS FILING FEES WILL BE DEPOSITED INTO YOUR BANK ACCOUNT.

DIRECT DEPOSIT INFORMATION

BANK NAME:____

ROUTING #:____________________ ACCOUNT#:____________________

ACCOUNT: ____CHECKING ____SAVINGS

IF YOU HAVE A BALANCE DUE OR PREFER TO PAY UP FRONT

___EFILE DIRECT DEPOSIT

- YOUR REFUND WILL BE DEPOSITED INTO YOUR SAVINGS OR CHECKING ACCOUNT DIRECTLY FROM IRS APPROXIMATELY 14-21 DAYS AFTER YOUR RETURN IS ACCEPTED BY THE IRS.

___EFILE CHECK

- YOUR REFUND WILL BE MAILED TO YOU DIRECTLY FROM THE IRS APPROXIMATELY 3-4 WEEKS AFTER YOUR RETURN IS ACCEPTED ELECTRONICALLY BY THE IRS.

___MAIL A PAPER RETURN

- YOUR REFUND WILL BE MAILED TO YOU DIRECTLY FROM IRS IN APPROXIMATELY 6-8 WEEKS AFTER YOU MAIL YOUR RETURN TO THE IRS.

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY. ALSO BY SIGNING BELOW, I UNDERSTAND THAT I HAVE RECEIVED AN EXPLANATION OF ALL REFUND METHODS AND CASH ADVANCE OPTIONS AVAILABLE TO ME AND I HAVE SELECTED THE OPTION THAT I FEEL IS THE BEST DELIVERY METHOD FOR ME.

SIGNATURE:______________________________ DATE SIGNED:____________________

SPOUSE SIGNATURE:______________________________ DATE:____________________

ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

DUE DILIGENCE QUESTIONNAIRE

HOW MANY PEOPLE LIVE IN THE RESIDENCE WITH YOU? PLEASE LIST THE NUMBER OF ADULTS AND CHILDREN.

____

DOES ANYONE HELP SUPPORT YOU THROUGH THE YEAR?

____

CAN YOU PROVIDE PROOF OF FINANCIAL RESPONSIBILITY AND RESIDENCY FOR ANY OF THE DEPENDENTS BEING CLAIMED? WHICH DOCUMENT(S) CAN YOU PROVIDE? (I.E. COPY OF LEASE, MEDICAL RECORDS, SCHOOL RECORDS, FOOD STAMPS, OR BENEFIT STATEMENTS)

____

ARE ANY OF THE DEPENDENTS LISTED ON THIS RETURN NOT YOUR BIOLOGICAL CHILD? IF YES, WHY ARE THE PARENTS NOT CLAIMING THE CHILD TAX CREDIT FOR THE CHILD? (PLEASE EXPLAIN AND LIST THE CHILD'S NAME(S) IF MORE THAN ONE LISTED ON THE RETURN).

____

HAS ANY CREDITS BEEN DISALLOWED IN A PREVIOUS YEAR? YES____ NO____

IF YES, PLEASE EXPLAIN.

____

ARE ANY OF THE DEPENDENTS BEING CLAIMED DISABLED? YES____ NO____

IF YES, DO YOU HAVE DOCUMENTATION FROM A MEDICAL PROFESSIONAL THAT VALIDATES THE DISABILITY?

____

DO BOTH PARENTS FINANCIALLY PROVIDE FOR THE DEPENDENT? YES____ NO____

IF YES, WHO HAS PRIMARY RESPONSIBILITY? ____________________________

IF NO, IS THE NON RESPONSIBLE PARENT STILL LIVING? YES____ NO____ IS THE NON RESPONSIBLE PARENT IN THE DEPENDENT(S) LIFE? YES____ NO____

IS THERE LEGAL DOCUMENTATION IN PLACE (EX. CHILD SUPPORT)? YES____ NO____

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE:____________________________ DATE SIGNED:__________________

SPOUSE SIGNATURE:____________________________ DATE:__________________

ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

NON-STANDARD DEPENDENT QUESTIONNAIRE

(CLAIMING A DEPENDENT THAT ISN'T YOUR CHILD. SUCH AS: A PARENT, SIBLING, NIECE OR NEPHEW)

FULL NAME:____

RELATIONSHIP:____________________ DISABLED: ___YES ___NO

DATE OF BIRTH: ____________________ SSN: ____________________

DO YOU HAVE CUSTODY OF THE CHILD? ___YES ___NO DID THE DEPENDENT LIVE WITH YOU FOR MORE THAN 6 MONTHS? ___YES ___NO

CAN ANYONE ELSE CLAIM THE CHILD? ___YES ___NO DO YOU HAVE A DOCUMENT PROVING RELATIONSHIP TO THIS CHILD? ___YES ___NO

FULL NAME:____

RELATIONSHIP:____________________ DISABLED: ___YES ___NO

DATE OF BIRTH: ____________________ SSN: ____________________

DO YOU HAVE CUSTODY OF THE CHILD? ___YES ___NO DID THE DEPENDENT LIVE WITH YOU FOR MORE THAN 6 MONTHS? ___YES ___NO

CAN ANYONE ELSE CLAIM THE CHILD? ___YES ___NO DO YOU HAVE A DOCUMENT PROVING RELATIONSHIP TO THIS CHILD? ___YES ___NO

FULL NAME:____

RELATIONSHIP:____________________ DISABLED: ___YES ___NO

DATE OF BIRTH: ____________________ SSN: ____________________

DO YOU HAVE CUSTODY OF THE CHILD? ___YES ___NO DID THE DEPENDENT LIVE WITH YOU FOR MORE THAN 6 MONTHS? ___YES ___NO

CAN ANYONE ELSE CLAIM THE CHILD? ___YES ___NO DO YOU HAVE A DOCUMENT PROVING RELATIONSHIP TO THIS CHILD? ___YES ___NO

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED. THE TAXPAYER HAS BEEN INFORMED THAT CLAIMING A DEPENDENT FOR EITC/CTC/AOTC/HOH OR OTHER CAN RESULT IN AN AUDIT OR FINES, IF THE INFORMATION PROVIDED IS INCORRECT.

SIGNATURE:____________________________ DATE SIGNED:________________

SPOUSE SIGNATURE:____________________________ DATE SIGNED:________________

ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

AOTC STUDENT ACKNOWLEDGEMENT FORM

I, ______________________________ WAS A STUDENT DURING THE 2024 SCHOOL YEAR AND ATTENDED ____

I CERTIFY THAT ALL THE INFORMATION FOUND ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO HAVE ALL VALID DOCUMENTS AND OR RECEIPTS, AS REQUIRED TO CLAIM ANY CREDIT FOR ATTENDING A COLLEGE OR UNIVERSITY. BELOW IS A RECAP OF ALL INFORMATION, STATUS, AND EXPENSES I HAVE ENCOUNTERED. **(MUST PROVIDE 1098T OR SCHOOL BURSA STATEMENT TO CLAIM SCHOOL CREDIT)**

MY SCHOLAR STATUS: ___FULL-TIME ___PART-TIME

WHATS YOUR MAJOR/DEGREE PLAN WORKING TOWARDS: ______________________________

EXPENSES (PAID OUT OF POCKET)

TUITION ____________________

ROOM & BOARDING ____________________

BOOKS ____________________

SUPPLIES (ON CAMPUS) ____________________

SUPPLIES (OFF-CAMPUS) ____________________

OTHER EXPENSES ____________________

TOTAL ____________________

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: ________________________________ DATE SIGNED: __________________

SPOUSE SIGNATURE: ____________________________ DATE SIGNED: __________________

ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

SCHEDULE C DUE DILIGENCE

TAXPAYER NAME:______________________________

BUSINESS NAME (IF ANY):______________________________

BUSINESS ADDRESS:______________________________

DATE BUSINESS STARTED:______________ BUSINESS EIN:______________

GROSS RECEIPTS:______________ 1099 INCOME (IF ANY):______________

ADVERTISING ______________

COMMISSIONS ______________

CONTRACT LABOR ______________

LEGAL/PROFESSIONALS ______________

TAXES/LICENSES ______________

MEALS ______________

OTHER ______________

(EX. CELLPHONE, TOOLS, WORK CLOTHES, UBER FEES)

OFFICE EXPENSE ______________

RENT (EQUIPMENT) ______________

RENT (OFFICE) ______________

SUPPLIES ______________

TRAVEL ______________

UTILITIES ______________

TOTAL EXPENSES ______________

YEAR/MAKE/MODEL OF CAR USED FOR BUSINESS______________________________

AMOUNT FINANCED OR TOTAL COST OF CAR USED FOR BUSINESS ______________

TOTAL MILES DRIVEN IN 2024 ______________

BUSINESS MILES DRIVEN IN 2024 ______________

PARKING FEES/TOLLS ______________

PERCENTAGE OF CAR USAGE FOR BUSINESS ______________

(EX. 25% BUSINESS, 75% PERSONAL)

CAR EXPENSES (GAS, OIL CHANGES, INSURANCE, TIRES, REPAIRS) ______________

VEHICLE RENTALS ______________

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: ______________________________ DATE SIGNED: ______________

ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

CHILD CARE CREDIT QUESTIONNAIRE

YOU MAY BE ABLE TO CLAIM THE CREDIT IF YOU PAY SOMEONE TO CARE FOR YOUR DEPENDENT WHO IS UNDER AGE 13 OR FOR YOUR SPOUSE OR DEPENDENT WHO IS NOT ABLE TO CARE FOR HIM/HERSELF. THE CREDIT CAN BE UP TO 35% OF YOUR EXPENSES. TO QUALIFY YOU MUST PAY THESE EXPENSES SO YOU CAN WORK OR LOOK FOR WORK.

DEPENDENT(S) INFORMATION

DEPENDENT: ______________________________

RELATIONSHIP TO YOU: ______________ AMOUNT PAID: ______________

DEPENDENT: ______________________________

RELATIONSHIP TO YOU: ______________ AMOUNT PAID: ______________

DEPENDENT: ______________________________

RELATIONSHIP TO YOU: ______________ AMOUNT PAID: ______________

CHILDCARE PROVIDER(S) INFORMATION

DAYCARE/NANNY: ______________________________

RELATIONSHIP TO YOU (IF ANY): ______________ AMOUNT PAID: ______________

SSN/EIN/ITIN: ______________ PHONE NUMBER: ______________

ADDRESS: ______________________________

DAYCARE/NANNY: ______________________________

RELATIONSHIP TO YOU (IF ANY): ______________ AMOUNT PAID: ______________

SSN/EIN/ITIN: ______________ PHONE NUMBER: ______________

ADDRESS: ______________________________

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: ______________ DATE SIGNED: ______________

SPOUSE'S SIGNATURE: ______________ DATE SIGNED: ______________

ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

DEDUCTIONS QUESTIONNAIRE

MEDICAL EXPENSES

MEDICAL PREMIUMS PAID ____________

SPOUSE PREMIUMS PAID ____________

LTC PREMIUMS PAID ____________

OUT OF POCKET MED ____________

MEDICAL MILES DRIVEN ____________

TAX EXPENSES

REAL ESTATE TAXES ____________

PERSONAL PROP TAXES ____________

SALES TAX ON CAR ____________

ADDT STATE/LOCAL TAX ____________

INTEREST EXPENSES

MORTGAGE INTEREST ____________

CONTRIBUTIONS

CASH CONTRIBUTIONS ____________

NON-CASH CONTRIBUTIONS ____________

CHURCH TITHES ____________

MISCELLANEOUS

UNION DUES ____________

TAX PREP (PRIOR YEAR) ____________

CAUSALITY/THEFT/OR LOSS ________________________________

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: ____________________ DATE SIGNED: ____________

SPOUSE SIGNATURE: ____________________ DATE SIGNED: ____________

ANANIAH'S TAX SERVICE

CLIENT INTAKE FORM

ENGAGEMENT LETTER

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2024 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of 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 the income tax return, and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the type of return completed. All invoices are due and payable upon completion of tax return. If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as prior years or amended returns, please inform us by noting so just below your signature at the end of the returned copy of this letter.

If for any reason (after providing you with a copy of the return, by either email or printed copy) an additional copy is needed, there will be a fee of $75 imposed. Therefore, you have 24 hours to get in touch with the office to inform us that a copy (via email) was not received.

WE WANT TO EXPRESS OUR APPRECIATION FOR THIS OPPORTUNITY TO WORK WITH YOU.

BY SIGNING BELOW, I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN INFORMED IF THE INFORMATION PROVIDED TO THE PREPARER IS INCORRECT I TAKE FULL RESPONSIBILITY FOR THE AUDIT, FINES, AND PENALTIES ASSOCIATED.

SIGNATURE: ______________________________ DATE SIGNED: ______________

SPOUSE'S SIGNATURE: ______________________ DATE SIGNED: ______________