



Carl E. Wessels, CPA

Tax Customer Info Sheet

Taxpayer

Today's date: ___/___/_____

New customer **Yes / No** (returning customers, just changes please):

First Name: _____ Middle Initial: _____ Last Name: _____

Spouse goes on next page please (name must match Social Security Card).

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ___/___/_____ (mm/dd/yyyy), SSN: _____ - _____ - _____, Do you have an IRS - ID PIN? Y / N _____

Driver's License #: _____ ST: _____ Issue Date: ___/___/_____ Exp. Date: ___/___/_____

Street Address: _____ Apartment/Suite#: _____

City: _____ ST: _____ Zip Code: _____

Cell Phone: (_____) _____ - _____, Home Phone: (_____) _____ - _____,

Work Phone: (_____) _____ - _____ extension #: _____ Occupation: _____

Email Address: _____

***** Did all household members have Health Insurance every month? Yes / No *** Any HSA's? Yes / No**

Are you currently serving in the military in Active Duty? **Yes / No.** Want \$3 to go to the Pres. Campaign Fund? **Yes / No**

US Citizen? **Yes / No-** If not, status _____

Single - Can you be claimed as a dependent by someone else? **Yes / No** If yes, who? _____

Married filing Jointly *** Married but must file separately *** Head of Household

Separated as of ___/___/_____ (if this tax year) *** Widowed, Spouses date of death ___/___/_____,

Divorced as of ___/___/_____ (if this tax year) Spouse support / alimony? \$ _____ **Paid or Received?**

Do you owe any past due child support? **Yes / No** Fed Student Loans? **Yes / No**

Primary contact for questions will be: Taxpayer, Spouse, Other _____

Prefer text, email, or... call the cell home work number Other _____

For your refund, 9 digit Bank Routing # _____ Account # _____ Savings Checking

Did you: (if yes, attach documentation or write in the info).

Buy a car? **Yes / No** (sales tax paid \$ _____) make, model, year _____

Draw funds out of a retirement account? **Yes / No** \$ _____

Buy a home? **Yes / No** First time home buyer? **Yes / No** Did you use funds from a retirement acct for it? \$ _____

Pay for child care (or even an older dependent care)? \$ _____

Medical miles _____, charity miles _____

Give any gifts > \$14,000? **Yes / No** \$ _____

Adoption expenses **Yes / No** \$ _____ date adoption finalized ___/___/_____ Child's Name(s)

Did you have any "Reinvested Dividends"? **Yes / No**

Tuition or Student Loan interest? **Yes / No** --- others paid it and I have the 1098T's? **Yes / No** --- Vice versa? **Yes / No**

If yes, have you previous used all of the American Opportunity Tax Credit? **Yes / No / what's that?**

Expenses for glasses, nicotine patches, weight loss, etc \$ _____ Attach or email Rx print out.

Solar panels or other energy system improvements \$ _____

Any quarterly tax payment made this year? **Yes / No** **If yes,** **Amount** **Approx. date**

Prior Year Return: \$ _____

How did you hear about us? Pmt 1 \$ _____ ___/___/___

Pmt 2 \$ _____ ___/___/___

Pmt 3 \$ _____ ___/___/___

Pmt 4 \$ _____ ___/___/___

(continued) ATTACH ALL W-2's and 1099's please

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Tax Customer Info Sheet

Spouse

First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____ / ____ / ____ (mm/dd/yyyy), SSN: ____ - ____ - _____, Do you have an IRS - ID PIN? Y / N _____

Driver's License #: _____ ST: ____ Issue Date: ____ / ____ / ____ Exp. Date: ____ / ____ / ____

Street Address: _____ Apartment/Suite#: _____

City: _____ ST: _____ Zip Code: _____

Cell Phone: (____) _____ - _____, Home Phone: (____) _____ - _____,

Work Phone: (____) _____ - _____ extension #: _____ Occupation: _____

Email Address: _____

Are you currently serving in the military in Active Duty? **Yes / No.** Want \$3 to go to the Pres. Campaign Fund? **Yes / No**

US Citizen? **Yes / No-** If not, status _____

*** * * * * * * * * * * DEPENDENTS * * * * * * * * * * * * * * ***

To receive the Child Tax Credit or Earned Income Credit - we MUST see copies of medical, school, or equivalent type documents, to verify the dependents status.

Yes / No All dependents claimed lived in the United States.

1. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____ / ____ / ____ (mm/dd/yyyy), SSN: ____ - ____ - _____

Student Are they your: Son Daughter Step Child Adopted Child
 Foster Child Niece/Nephew Sister/Brother
 Parent Grandparent Aunt/Uncle Other: _____

Number of months they lived with you this year: _____

Did you provide more than ½ of support? Y / N
Could someone else claim this dependent? Y / N
If yes, has a form 8332 been filed? Y / N

2. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____ / ____ / ____ (mm/dd/yyyy), SSN: ____ - ____ - _____

Student Are they your: Son Daughter Step Child Adopted Child
 Foster Child Niece/Nephew Sister/Brother
 Parent Grandparent Aunt/Uncle Other: _____

Number of months they lived with you this year: _____

Did you provide more than ½ of support? Y / N
Could someone else claim this dependent? Y / N
If yes, has a form 8332 been filed? Y / N

3. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____ / ____ / ____ (mm/dd/yyyy), SSN: ____ - ____ - _____

Student Are they your: Son Daughter Step Child Adopted Child
 Foster Child Niece/Nephew Sister/Brother
 Parent Grandparent Aunt/Uncle Other: _____

Number of months they lived with you this year: _____

Did you provide more than ½ of support? Y / N
Could someone else claim this dependent? Y / N
If yes, has a form 8332 been filed? Y / N

4. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____ / ____ / ____ (mm/dd/yyyy), SSN: ____ - ____ - _____

Student Are they your: Son Daughter Step Child Adopted Child
 Foster Child Niece/Nephew Sister/Brother
 Parent Grandparent Aunt/Uncle Other: _____

Number of months they lived with you this year: _____

Did you provide more than ½ of support? Y / N
Could someone else claim this dependent? Y / N
If yes, has a form 8332 been filed? Y / N

Are you interested in our \$79 IRS Audit Protection Program? **Yes / No** <https://carlwcpa.com/audit-protection/>

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Do you operate a **business** or **non-profit** organization? **Yes / No**

Operating name (dba) _____

Legal name: (same, what is that?) _____

Physical address: _____ Apartment/Suite#: _____

City: _____ ST: _____ Zip Code: _____

Mailing address: (same as above) _____

City: _____ ST: _____ Zip Code: _____

Primary contact person: _____ cell: (_____) _____ - _____

email: _____

What product or service to you offer? _____

Do you currently collect any Sales Tax? **Yes / No** If yes: _____%, Mixed Beverage **Yes / No**, Alcohol Gross Rcts **Yes / No**

Are you currently using any accounting software? **Yes / No** If yes: _____

Are you currently using a POS (point of sale) system? **Yes / No** If yes: _____

Do you currently accept credit card payments? **Yes / No** If yes, merchant: _____

Which bank do you primarily use: _____

Business line: (_____) _____ - _____, Fax: (_____) _____ - _____

Date operations stated: ____/____/_____, Fiscal year ends on? Dec 31, or Other ____/____

Web Site: _____

Is your business listed on: Facebook, Twitter, Instagram, Other _____

Would you like help with your web site and or social media accounts? **Yes / No**

Did you issue any type of 1099's last year or W-2's? Did you send a copy to the IRS / Social Security Admin? **Yes / No**

Do you know what type tax form you will (or have used in the past): 990(ez) Non-Profit Schedule C on a 1040,
 1065 Partnership, 1120 C-Corp, 1120 S-Corp, I have no idea, other _____

Do you **need or already** **have** (date created ___ / ___ / _____) a 501(c)(3), Incorporation, LLC, or Partnerships?
If you need one, what is your first choice for a name if we are to assist you in creating it:

Same as the legal name operating name above:

First choice: _____

Second choice: _____

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Tax Customer Info Sheet

For Business use of Home:

Square feet used for business? _____ Total square feet of home? _____

Last year did you pay for any maintenance or improvements specific to the area used for the business? \$ _____

How about any maintenance or repairs to the entire home, net of any insurance? \$ _____

<u>Monthly average:</u>		<u>Annual Items:</u>	
Electric bill	\$ _____	Property Tax	\$ _____
Water bill	\$ _____	Mortgage Interest	\$ _____
Nat Gas /Propane	\$ _____	MIP (Morg Insur)	\$ _____
Security / Alarm sys	\$ _____	Hazard Insurance	\$ _____
Internet or _____	\$ _____	HOA/Other _____	\$ _____
Rent or _____	\$ _____	Other _____	\$ _____

Vehicle 1:

Make, Model, & Year of vehicle(s) _____

Title in name of: _____ Cost: \$ _____

Purchase date: ____/____/____ Date placed in Service: ____/____/____

Odometer on Jan 1: _____ Dec 31: _____ Business portion _____ One daily commute miles _____ round trip

Please attach your mileage log. (don't laugh) Ask for the discount code for the smartphone mileage app.

Vehicle 2:

Make, Model, & Year of vehicle(s) _____

Title in name of: _____ Cost: \$ _____

Purchase date: ____/____/____ Date placed in Service: ____/____/____

Odometer on Jan 1: _____ Dec 31: _____ Business portion _____ One daily commute miles _____ round trip

Please attach your mileage log.

Vehicle 3:

Make, Model, & Year of vehicle(s) _____

Title in name of: _____ Cost: \$ _____

Purchase date: ____/____/____ Date placed in Service: ____/____/____

Odometer on Jan 1: _____ Dec 31: _____ Business portion _____ One daily commute miles _____ round trip

Please attach your mileage log.

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Tax Customer Info Sheet

Do you own any rental property? **Yes / No**, If yes, please list:

<u>Purchase Date</u>	<u>Physical Address</u>	<u>Cost</u>	
___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
\$ _____	Rent Collected	\$ _____	Improvements this year. Attach expenses.
___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
\$ _____	Rent Collected	\$ _____	Improvements this year. Attach expenses.
___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
\$ _____	Rent Collected	\$ _____	Improvements this year. Attach expenses.
___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
\$ _____	Rent Collected	\$ _____	Improvements this year. Attach expenses.
___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
\$ _____	Rent Collected	\$ _____	Improvements this year. Attach expenses.
___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
\$ _____	Rent Collected	\$ _____	Improvements this year. Attach expenses.
___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
\$ _____	Rent Collected	\$ _____	Improvements this year. Attach expenses.

Expense samples:

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and other professional fees
- Management fees
- Mortgage interest paid to banks, etc.
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities

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Do you have any of this stuff?

1. Eight (8) most recent 941 forms and state workers comp reports.
2. The client login info for Texas Workforce or other state's workers comp office: _____
3. Any assumed named certificates that have been filed.
4. If Texas, the RT and/or XT numbers from the State Comptroller's Office _____
 - a. Most recent sale tax report
 - b. Most recent franchise / or state income tax return
5. Prior year 940 form with payroll ledger.
6. Prior year W-2's and W-3.
7. Current year-to-date payroll register with employee W-4's.
8. Prior two years Federal and State Tax Returns WITH detail depreciation schedules.
9. Bylaws, Articles of Incorporation, State Certificate of Filing, State Form 201, etc.
10. IRS Employer ID Number Letter aka CP 575, IRS Form 2553, IRS Form 8832, etc.
11. Report published for the prior year (Review, Compilation, etc.)
12. General Ledger Trial Balance for:
 - a. Most recent period available
 - b. Prior year w/ adjusting and closing entries

Want some bookkeeping help? _____

When complete just:

1. Bring this with you to your appointment, or
2. We can set up a secure electronic Dropbox or Google Drive for you, or
3. Take pics with your phone and send to 972-672-9968, or
4. Email us at carlwcpa@gmail.com

We look forward to seeing you soon.

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