

CLIENT INFORMATION FORM

Thank you for using Money Management Associates, LLC for your tax preparation and planning needs. In order to assist us in completing your tax return, please provide the following information. If anything is missing, please leave what you have and get the missing information to us as soon as possible.

Your Name: _____

Best Number to Call: _____

Email Address: _____

- Copy of your Social Security Card and picture ID for each person claimed on your tax return.
- School or medical record or daycare or social service or agency letter confirming dependent lived with you for more than 6 months
- Form 1095A, 1095B or 1095C or Medical Insurance Card for each person claimed on your return verifying they have medical insurance
- Form 1098T (if applicable) for anyone who is attending college at least half (1/2) time.
- Your Mortgage and Property Tax information (if you are a homeowner or landlord)
- Amount paid for health/dental/vision insurance, co-payments, prescriptions: \$_____
- Copy of birth certificate for each person being claimed as a dependent
- If you rent, please provide the amount of your monthly rent \$_____
- Were you honorably discharged from the military? (please circle) YES NO
- If you wish to have your refund directly deposited into an account, please provide:
 - Name of Bank _____
 - Routing Number _____
 - Account Number _____
 - Is this a _____ checking or savings _____ account?
- ____ Please check if you would like your preparation fee taken from your refund. (\$25 processing fee)

We will notify you to come in and sign and pay prior to electronically filing your return.

Thank you again for using Money Management Associates for your tax preparation and planning needs.

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