

Your Name: _____

Tax Preparation and Financial Services Tel: 609-771-9611 Fax: 609-771-0056 mmataxpro@comcast.net

CLIENT INFORMATION FORM

Thank you for using Money Management Associates, LLC for your tax preparation and planning needs. To assist us in completing your tax return, please provide the following information and also sign and date the **Engagement Letter and E-File Authorization form**. If anything is missing, please leave what you have and get the missing information to us as soon as possible.

Best Phone Number_____

ail Ac	ddress:
•	A copy of your Social Security Card and picture ID for each person claimed on your tax return.
	Copy of income documents (W2's, 1099's, interest statements, unemployment documents, social security statements, gambling winnings, brokerage statement, etc.)
•	Did you sell any personal items and receive payment through a third party (I.e. paypal, cashapp, Zelle, etc.)
	Total Amount paid for health/dental/vision insurance through your job if applicable, co-payments, prescriptions: \$
•	Your Mortgage and Property Tax information (if you are a homeowner or landlord)
•	School/medical/daycare/social service/agency records confirming dependent lived with you for more than 6 months
•	Form 1095A (from the Marketplace) or Insurance Card for each person claimed verifying they have medical insurance
•	Form 1098T (if applicable) for anyone who is attending college at least half (1/2) time.
•	Form 1098E (if applicable) for anyone who paid student loan interest.
•	Were you honorably discharged from the military?
•	If you rent, please provide the amount of your monthly rent \$
	Did you have any home energy upgrades to your personal residence such as windows, doors, HVAC, solar? If yes, please provide the receipts showing the amount paid for each item.
•	Did you buy an electric or hybrid vehicle? If yes, please provide the registration and the bill of sale.
	Do you own an LLC, Partnership, Corporation? If yes, please provide your federal and state registration documents, profit and los statement and balance sheet.
I/We	e verify that all information provided is truthful and that I/We can provide additional supporting documentation if requested.
Signa	Date:

1194 Parkway Avenue Ewing, NJ 08628

1/23/2025