

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. You will also need to complete, 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.

Your Name: _____ Best Phone Number _____

Email Address: _____

- If you wish to make an in-person appointment, please provide a Copy of your Covid vaccination card including booster
- 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 receive any advance child tax credit payments (provide copy of IRS Letter 6419)?
 - No ___ Yes ___ I do not remember _____ How much did you receive? _____ I do not remember _____
- Did you and/or your spouse (if applicable) receive the third stimulus payment (provide copy of IRS Letter 6475)?
 - No ___ Yes ___ I do not remember _____ How much did you receive? _____ I do not remember _____
- Total Amount paid for health/dental/vision insurance, co-payments, prescriptions: \$ _____
- Amount of Charitable Contributions made with check or cash: \$ _____
- 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 \$ _____

Disclaimer

I/We verify that all information provided is truthful and that I/We can provide additional supporting documentation if requested.

Signature _____ Date: _____