

Tax Preparation and Financial Services Tel: 609-771-9611 Fax: 609-771-0056

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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 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.

our Name:		
est Number to Call:		
mail Address:		
	d and picture ID for each person claimed on your tax return 2's, 1099's, interest statements, unemployment documents,	·
Did you and/or your spouse (if a	from the military?applicable) receive the first stimulus payment?	
	remember How much did you receive? applicable) receive the second stimulus payment?	I do not remember
Amount paid for health/dental/v	t rememberHow much did you receive?vision insurance, co-payments, prescriptions: \$	I do not remember
If you rent, please provide the a	ions made with check or cash: \$ mount of your monthly rent \$	
	x information (if you are a homeowner or landlord) service/agency records confirming dependent lived with you	ı for more than 6 months
·	lace) or Insurance Card for each person claimed verifying the nyone who is attending college at least half (1/2) time.	ey have medical insurance
	Disclaimer	
I/We verify that all information documentation if requested.	n provided is truthful and that I/We can provide ac	dditional supporting
Signature	Date:	

**NOTE: You must also sign the yellow Tax Refund Deposit and Payment Authorization form if you wish to have your preparation fee deducted from your refund (\$30 additional fee).