



# INDIVIDUAL TAX • CLIENT INFORMATION SHEET

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Website: [www.plsfinancialinc.com](http://www.plsfinancialinc.com) • Email: [admin@plsfinancialinc.com](mailto:admin@plsfinancialinc.com)

**Filing Status (Check One)**  Single  Married Joint  Head of Household  Qualifying Widower  Married Separate

[Tax Payer] Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

[Tax Payer] Driver's License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

[Spouse] Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

[Spouse] Driver's License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Street Address, City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Can any other Taxpayer claim you or spouse as a dependent? **(Check One)**  Yes  No

**Dependents:** (Only list the ones that you intend to claim on your taxes, dependents must be related by blood or marriage for EIC purposes) The IRS has been spot checking tax returns to verify EIC eligibility, be sure that you are able to prove that you have the right to claim your dependents for EIC in the event of an IRS mail audit of your Tax Return. If you are not able to prove that you are eligible to claim your dependents for EIC purposes you will be denied EIC and required to repay previous years of EIC for those dependents. You must be related to your EIC dependents by blood, marriage, or have court papers placing the dependents in your custody and care. You must have provided at least 50% of the dependents support, and the dependent must have lived in the household with you for at least six months during the previous year. **Your** Tax Service will not knowingly prepare or file a Tax Return, or participate in any type of EIC Tax Fraud. You are responsible for any and all information provided to **Your** Tax Service during the preparation and filing of your Tax Return, so make sure that all the information is true and correct. **Special Warning for Schedule C Filers with or without EIC!** You are required to provide documentation for all income claimed on your tax return, and all expenses and deductions claimed on your tax return. All of the information must be signed and dated by you as the owner of the business. You must be able to prove that you were in business, some examples of acceptable proof that can be provided are, business cards, yellow page ad, flyers promoting your business, 1099 Misc. showing business income, income statements showing business income, bank statements showing business deposits, and expense statements showing purchases for the business. We will keep a copy of all documents provided, and you are required to keep a copy for your records. **Statement Acknowledgement:** \_\_\_\_\_

First and Last Name _____	Social Security _____	Relationship _____	Months lived with you _____	Birth date _____
First and Last Name _____	Social Security _____	Relationship _____	Months lived with you _____	Birth date _____
First and Last Name _____	Social Security _____	Relationship _____	Months lived with you _____	Birth date _____
First and Last Name _____	Social Security _____	Relationship _____	Months lived with you _____	Birth date _____

**This certification statement must be acknowledged if claiming children in lines above.**  
 I certify that I have provided over 50% care of the child / children on my tax return, and that the child / children lived with me for over half of the year. I understand that in the event I am audited by IRS, I will need to be able to provide accurate paperwork as required by the IRS. The following examples of proof that will be required by the IRS: proof of relationship, the child is my son, daughter, stepchild, foster child, brother, sister, step brother, stepsister, or a descendant of any of them. The IRS may also request additional information such as dependent school records, shot records, birth certificates, proof of residence (apartment lease, home lease, and utility bills), custody papers, custody records, court documents, adoption records, etc. **Statement Acknowledgement:** \_\_\_\_\_

**BANK ACCOUNT TO DEPOSIT YOUR REFUND?** Please note that **BEFORE** your returns can be e-filed, we **MUST:**

- RECEIVE SIGNED FORMS 8879** Electronic or paper. The e-Signature option, is a completely electronic way to sign your 8879 form.
- RECEIVE SIGNED CLIENT INFORMATION SHEET** (If new client)
- RECEIVE OUR FEES FOR TAX PREPARATION SERVICES.** You can pay in person, online, or using bank product option.

Name of Bank:	_____	
Routing Number:	_____	Account Number: _____

**Type of Return (Check One)**  RT-CK 14-21 Days  RT-DD 14- 21Days  E-File Return (Fees paid before submission)

I/We attest that the above information is correct to the best of my/our knowledge. I fully understand that **PLS FINANCIAL INC** Tax Service is a commercial tax preparation business and does not prepare taxes for free. **PLS FINANCIAL INC** Tax Service charges a minimum **\$150.00** sit fee, if you change your mind after we have prepared your taxes and you decide that you do not want us to file your tax return you will need to pay the **\$150.00** sit fee.

Tax Payer Signature \_\_\_\_\_ Date \_\_\_\_\_ Tax Payer's Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_



# INDIVIDUAL TAX • CLIENT INFORMATION SHEET

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If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

- Yes  No  Did your marital status change during the year?
- Yes  No  Did your address change during the year?
- Yes  No  Could you be claimed as a dependent on another person's tax return?
- Yes  No  Were there any changes in dependents?
- Yes  No  Did you and your dependents have health care coverage for the full-year?
- Yes  No  Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) **If so, please attach.**
- Yes  No  If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? **If you received an exemption certificate, please attach.**
- Yes  No  Did you receive unreported tip income of \$20 or more in any month? **If yes, please provide proof**
- Yes  No  Did you receive any disability or Social Security income? **If yes, please provide 1099SSA**
- Yes  No  Did you buy or sell any stocks, bonds or other investment property? **If yes please 1099 Interest / 1099 Dividends**
- Yes  No  Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
- Yes  No  Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Yes  No  Did you pay a home mortgage interest or real estate taxes this year?
- Yes  No  Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Yes  No  Did you transfer or rollover any amount from one retirement plan to another?
- Yes  No  Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
- Yes  No  Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? **Need 1098 T to claim education credits!**
- Yes  No  Did you incur a loss because of damaged or stolen property?
- Yes  No  Did you use your car on the job (other than to and from work)?
- Yes  No  May the IRS discuss your tax return with your preparer?
- Yes  No  Was your home rented out or used for business?
- Yes  No  Were you notified or audited by either the IRS or the State taxing agency?
- Yes  No  **( Reserved )**
- Yes  No

**Preparer Notes:**


<b>Reviewed by:</b>	
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