



Client Tax Data Sheet

Fill out the form (8page max) below to submit your tax information to me. If you have any questions prior to completing this form, do not hesitate to contact me by email jami@jlgfinancecom or by phone/text at (706)299-3100. Thank you and have a great day!

How did you hear about me or who referred you?

Taxpayer Legal Name *

First Name Middle Name Last Name Suffix

Social Security Number *

Date of Birth *



Month Day Year

Occupation

Address *

Street Address

Street Address Line 2

City State

Zip Code

Best Contact Phone Number *

Area Code

Phone Number

Email *

example@example.com

Select if No Driver's License

No Driver's License

Driver's License #

State Driver's License Was Issued

Date Driver's License Was Issued

MM/DD/YYYY

Driver's License Expiration Date

MM/DD/YYYY

What is your filing status?

Are you filing an eligible spouse on your tax return?

Yes

No

Spouse Name

First Name

Middle Name

Last Name

Suffix

Social Security Number *

Occupation

Date of Birth *



Month Day Year

Phone Number

Area Code

Phone Number

Email *

example@example.com

Address *

Street Address

Street Address Line 2

City

State

Zip Code

Select if No Driver's License

No Driver's License

Driver's License # *

State Driver's License Was Issued *

Date Driver's License Was Issued *

MM/DD/YYYY

Driver's License Expiration Date *

MM/DD/YYYY

Payment/Refund

Select below the method that you prefer to receive your refund *

Direct Deposit

Check

Bank Name (Skip If You Prefer Your Refund Via Check)

Bank Account Number

Bank Routing Number

Account Type

Checking

Savings

Is this year your first year filing your taxes with JLG Finance? *

Yes

No

Did your marital status change during the year? *

Yes

No

Did you have Marketplace Health Insurance (Obamacare-ACA) this year? (Should receive Form 1095-A) *

- Yes
- No

Did you attend a College or university last year?

- Yes
- No

Do you currently have an offsets with the IRS (delinquent student loans, delinquent child support, tax liens etc)? *If you suspect that you have an offset call (800)304-3107 to confirm *

- Yes
- No

Do you have any children or dependents to file? *

- Yes
- No

Dependents

Should only be listed if you take care of the dependent over half of the year

1. Dependent Information

Gender First Name Middle Name Last Name Suffix

Date Of Birth *



Month Day Year

Social Security Number *

Do you want to enter another dependent? *

- Yes
- No, all dependents are entered

2. Dependent Information

Gender

Date Of Birth *



Month Day Year

Social Security Number *

Do you want to enter another dependent? *

Yes

No, all dependents are entered

3. Dependent Information

Gender First Name Middle Name Last Name Suffix

Date Of Birth *



Month Day Year

Social Security Number *

Do you want to enter another dependent? *

Yes

No, all dependents are entered

4. Dependent Information

Gender First Name Middle Name Last Name Suffix

Date Of Birth *



Month Day Year

Social Security Number *

Did you pay any child care expenses throughout the year ?

- Yes
- No

Child and Dependent Daycare Expenses

If the provider is a person, enter the care provider's SSN

Child Name Amount Paid *

First Name Amount Paid

Provider Phone Number *

Area Code Phone Number

Provider *

Name Tax ID #/ SSN

Provider Address *

Street Address

City State

Zip Code

Do you want to enter another child care provider? *

- Yes
- No

Child Name Amount Paid *

First Name Amount Paid

Provider *

Name Tax ID #/ SSN

Provider Phone Number *

Area Code Phone Number

Provider Address *

Street Address

City State

Zip Code

Upload photos of your W-2,1099,and ALL documents

Attach an image of all documents that can be used to assist your tax preparer with the preparation of your tax return.

Enter any additional information or comments that you would like to include for your tax preparer

Do you owe from previous years?

Yes

No

I have not filed previous years

Please select the following years you are trying to file

2020

2019

2018

2017

Do you have a business that you would like to be included on your return? *

Yes

No

Did you receive Letter# 6419 from the IRS showing the amounts received in 2021? If so, please enter that amount below.

Did you receive Letter #6475 showing the stimulus payment amount received in 2021? If so, please enter that amount below.

Have you ever purchase Cryptocurrency? Have any of your dependents?

Did you have any of the following Cryptocurrency activity in 2021?

Trading - treated as Capital gain/Loss

Gifting - treated as other gifts

Paid as Wages - treated as wages

Received, Sold or Forked? - treated as income

Did you purchase an all-electric (EV or plug-in hybrid (PHEV) vehicle? Install a charging station?

TEACHERS K-12: Do you have up to \$250 for out-of-pocket expenses (including PPE personal protection Equipment). Please enter that amount here. (Save those receipts!)

Did you refinance your home? (please upload the closing docs)

Cash Charitable Contributions made for 2021. (Non-itemizers can deduct up to \$600 MFJ and \$300 others)

Business Owners Data Sheet

Schedule C

Name of Business *

Employer ID Number

EIN

What is the legal structure of your business? *

Business Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Amount of business taxes paid throughout the year?

\$

Business Income

All income receive during the fiscal year

Total Income

\$

Enter the amount of 1099s received?

Is the 1099 amount included in the Total Income indicated above?

No

Yes

Business Expenses

Complete to the best of your ability. In each field enter the approximate amount you spent in each category.

Advertising

Social media, Flyers, Business Cards, etc

Contract Labor MUST MATCH 1099/1096 filed!

An individual person paid to assist you

Insurance

(Other than health)

Interest

Mortgage, Loans, Credit Cards, etc.

Legal & Professional Services

Training, Conferences, Mentors, Lawyers, Company paid to assist you

Office Expenses

Software, postage, email, internet, and any operating expenses

Rent and Lease

Repairs and Maintenance

Supplies

Objects used to operate your business

Taxes and Licenses

Travel, Meals, and Entertainment

Airfare, Uber, Taxi, Lyft, Business Dining, Business Entertainment, and etc.

Utilities

Other Expenses

Is there any other information, questions, or concerns that you want to include to your tax preparer pertaining to your business?

Did you receive a PPP or EIDL loan? If so what is the official forgiveness date? (Please upload documentation)

Tags

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