



DYER & ASSOCIATES CPA, PLLC

CERTIFIED PUBLIC ACCOUNTING FIRM | ACCOUNTING | TAX | ADVISORY

1645 OAK CREST ROAD • HERNANDO MS 38632 • 662-429-2960

CLIENT INFORMATION SHEET

CLIENT/SPOUSE INFORMATION	CLIENT SS#
	SPOUSE SS#

FULL NAME (as shown on social security card):			
Date of Birth	MM:	DD:	YYYY:
Occupation:	Do you want to contribute to the presidential campaign? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPOUSE FULL NAME (as shown on social security card):			
Date of Birth	MM:	DD:	YYYY:
Occupation:	Do you want to contribute to the presidential campaign? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		

MARITAL STATUS (check one):	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widower	<input type="checkbox"/> Civil Union
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ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	
SPOUSE PHONE	SPOUSE EMAIL	

DEPENDENTS* (PLEASE COMPLETE IF APPLICABLE)					
	NAME (as shown on SS card)	Date of Birth	SOCIAL SECURITY NUMBER	Relation to Client	Months in Home
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					

*To be able to claim a dependent on your return you must have a valid birth certificate or valid legal basis.

ADDITIONAL INFORMATION REQUIRED

To provide you the very best and highest quality service, we need a copy of all persons whose name is shown on the tax return drivers license or state identification card. Also, please have a copy of your prior year's tax return with you, if you did not use us last year to file your tax return.

REFUND

If you are receiving a refund, please tell us how you would like to receive the refund. (check only one)

<input type="checkbox"/>	Refund Anticipation Loan (fees deducted from refund)
<input type="checkbox"/>	Quick Check (9-15 days fees deducted from refund)
<input type="checkbox"/>	Direct Deposit to your account (21+ days fees paid up front)
<input type="checkbox"/>	Check in mail (21+ days fees paid up front)
<input type="checkbox"/>	I'd prefer to make that decision when I know the refund amount

SIGNATURE

I/We certify that the information on this and any other forms submitted is complete and correct.

SIGNATURE: _____ DATE: _____

SPOUSE: _____ DATE: _____

(PLEASE COMPLETE SECOND PAGE)



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Did you or your spouse at any time during the year:	Circle:		If yes, please provide
Are you claimed as a dependent on some else's tax return?	Yes	No	
Did you live in any other state?	Yes	No	
Did you work in any other state?	Yes	No	
Did you have medical insurance?	Yes	No	
Did you have a medical savings account?	Yes	No	
Did you make estimated payments?	Yes	No	
<input type="checkbox"/> If yes, list amounts:			
Receive wages, salaries, or any other compensation?	Yes	No	All W-2 Forms
Receive interest on savings, cash, US bonds, stock dividends?	Yes	No	All 1099-INT & 1099-DIV Forms
Sell stock, mutual fund, or other securities?	Yes	No	All 1099-B Forms
Receive pension, annuity, IRA or retirement income?	Yes	No	All 1099-R Forms
Receive Social Security benefits?	Yes	No	All 1099-SSA Forms
Receive unemployment compensation?	Yes	No	All 1099-G Forms
Own you own business or were self-employed?	Yes	No	
Operate a farm?	Yes	No	
Own rental property?	Yes	No	
Have an interest in a partnership, S-corporation, estate, or trust?	Yes	No	All K-1 forms
Receive a 1099-MISC?	Yes	No	All 1099-MISC forms
Sell your home?	Yes	No	All 1099-S forms
Receive installment payments on property sold?	Yes	No	
Sell any other property? (equipment, land, etc.)?	Yes	No	
Receive any miscellaneous income?(prizes, awards, jury duty)	Yes	No	
Receive winnings from gambling? (lottery, casino, race track)	Yes	No	All W-2G Forms
Receive any miscellaneous income?(prizes, awards, jury duty)	Yes	No	
<input type="checkbox"/> If yes, list amount:			
<input type="checkbox"/> and describe			
Receive alimony?	Yes	No	
<input type="checkbox"/> If yes, list amount:			
<input type="checkbox"/> Date awarded by court:			
Do you have the following:			
<input type="checkbox"/> Home mortgage?	Yes	No	All 1098 forms
<input type="checkbox"/> Contributions to charity, church, etc.?	Yes	No	List with amounts
<input type="checkbox"/> Medical Expenses/health care costs?	Yes	No	List with amounts
<input type="checkbox"/> State taxes paid?	Yes	No	List with amounts
<input type="checkbox"/> Sales tax paid on large items?	Yes	No	List with amounts
Pay alimony?	Yes	No	
<input type="checkbox"/> If yes, list name of recipient:			
<input type="checkbox"/> SSN of recipient:			
<input type="checkbox"/> Amount paid:			
<input type="checkbox"/> Date awarded by court:			
Do you pay daycare expenses?	Yes	No	Name, address & EIN
<input type="checkbox"/> If yes, list amount:			
Pay interest on student loans?	Yes	No	All 1098-E Forms
Contribute to an IRA, SEP, Keough or Simple Retirement Plan?	Yes	No	
Pay college tuition expenses?	Yes	No	List with amounts
Use a portion of your home exclusively for business?	Yes	No	