

2020



JA Consulting and Corporate Tax Solutions

“Preparing You and Your Business for Financial Growth”

Client Information:

LAST NAME

FIRST NAME

MY TAX YEAR CHECK LIST:

- ☐ W-2 (**ALL** that apply)
- ☐ Social Security Card & State ID
 - ☐ How many SS Cards? _____
- ☐ 1099 MISC / 1099 R
- ☐ 1099 G (unemployment)
- ☐ Mortgage Interest & Property Tax Documentation
- ☐ Tithes/Charity/Other Donations
- ☐ Child Care Documentation
- ☐ Bank Statements / Receipts / Expense Sheet
- ☐ Student Loan Interest / 1098-T
- ☐ Profit/Loss Statements

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Last Name	MI	First Name	SSN#	Date of Birth
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Spouse Last Name	MI	First Name	SSN#	Date of Birth
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Home Address	City	State	Zip Code
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()	@
Reliable Contact Number	E-mail (If applicable)

Did You File Taxes Last Year?	<u>Yes</u>	<u>No</u>
	<input type="radio"/>	<input type="radio"/>

Was your Earned Income Credit Disallowed Last Year?	<input type="radio"/>	<input type="radio"/>
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How many months did you have Medical Insurance for yourself? _____ Months

How many months did you have Medical Insurance for dependent(s)? _____ Months (# of Dependents _____)

Are you purchasing or closing on a home this year? Yes or No

Are you purchasing a home within the next 2 years? Yes or No

Filing Status

- | | |
|---|---|
| <input type="radio"/> Single | <input type="radio"/> Married Filing Jointly |
| <input type="radio"/> Widow | <input type="radio"/> Married Filing Separately |
| <input type="radio"/> Head of Household | |

Dependents Name	Date of Birth	SSN#	Relation	Time In Home
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1. _____

2. _____

3. _____

4. _____

Provided Copy of Social Security Card(s) Yes ☐ No ☐

Provided Driver's License(s) ☐ Yes ☐ No

Do you have any of the following outstanding debts? Circle ALL that apply:

Wage Garnishment Student Loans Child Support IRS Debts Federal debt

If applicable enter the approximate full amount owed:
(NOT PAYMENT PLAN OR INSTALLMENT AGREEMENT AMOUNT)

\$

What is your Occupation? _____

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**** This office is required to provide a PIN number as signature for the electronic filing, it is a five digit number; it can be any number except 00000.**

PLEASE NOTIFY YOUR PREPARER IF YOU HAVE AN IRS ISSUED PIN!

Taxpayer PIN:

Spouse PIN

Number of Children in Child Care :(Check as Applicable.) Check here if NONE: _____

1. ☐

2. ☐

3. ☐

4. ☐

Provided Child Care Information:

☐ Yes

☐ No

Name	Address	City	State	Zip Code
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EIN# or Social Security# of Provider:

For direct deposit include banking information below:

Name of Financial Institution: _____

Routing number: _____

Account number: _____

Check One: **Checking:** ☐ **Savings:** ☐

I / We hereby acknowledge that the information provided is true and correct.

Signature

Date

Signature

Date

Who Referred You!

Confidentiality Clause

Disclaimer: We, at JA Corporate Tax & Financial Service, Inc., guarantee confidentiality of any and all information provided to this office. Your signature confirms that you have provided us

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with factual information without any misrepresentation of funds, employment, and/or other personal data required by the IRS, participating Banking Product, and/or JA Corporate Tax Services.

Dependent Acknowledgement & Client Services Affirmation

I, _____, hereby acknowledge and affirm that the dependent(s) on this application is(are) my legal dependent(s)/relative(s), and did reside with me for at least 6 months of this tax year. I have disclosed the proper documentation of birth and/or school records.

Signature _____ Date _____

I _____, also hereby hire JA Corporate Tax & Financial Service, Inc. to advise, prepare, file and/or amend my tax return(s) for the _____ tax year(s). By doing so, I have been advised of, agree to, and accept the following terms:

I acknowledge that I will fully disclose my tax situation, providing hard copies of previous tax returns and related supporting documents (including all W2s, 1099s, etc.) of the same to the best of my ability.

I acknowledge that all declared expenses are fully and completely substantiated by verifiable documentation (receipts, invoices, calendar appointments, bank/credit card statements, etc.) in my possession and/or control.

I understand that my information will be kept confidential and kept in the preparer's electronic file for a period not to exceed five (5) years. Entering the sixth fiscal year, all information will be promptly and properly discarded. I understand that at any time during that five (5) year period, I can request a hard copy of my return (up to two free of charge per quarter).

I understand that the total tax preparation work being performed will come at a rate of \$250-\$1,000 of my anticipated return(s) (not to exceed \$500 for all returns \$0-\$9,999 and 10% for returns \$10,000 and up for Preparation fees), which shall be due and payable prior to the filing of said return(s). I further understand that, if I am unable to provide payment, preparer may elect (upon receipt of a post-dated check) to proceed with the filing, but at a rate of 15% of the anticipated return. I understand that any ACH and insufficient funds will result in a \$25.00 fee per transaction that is returned by your banking institution. Your signature authorizes JA Corporate Tax & Financial Service, Inc. to debit your bank account in the event your tax preparation fees are not received at the time of services and/or the IRS rejects your filed service for any reason.

I understand that I have the right to have all work evaluated by an additional tax professional of my choosing, at my expense, before filing the return(s). Pending the IRS filing deadline date, JA Corporate Tax & Financial Service, Inc. will maintain record of my temporary tax file for a period not to exceed thirty (30) days commencing from the date of its completion.

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I understand that, though well-versed in tax preparation for individual and small business tax matters, JA Corporate Tax & Financial Service, Inc. Representatives do not represent themselves as certified tax attorneys or any other paralegal professional.

Signed,

Client

Date