



PERSONAL TAX PREPARATION AGREEMENT

	Head of Household	Joint Head of Household (if filing Joint Return)
First Name		
Middle Initial		
Last Name		
Date of Birth		
SSN		
Office Use (verified) Preparer initial		

Address: _____
Street City State Zip

Contact Phone: _____ Email: _____

Number of Dependents: _____

	1 st Dependent	2 nd Dependent	3 rd Dependent
First Name			
Middle Initial			
Last Name			
Date of Birth			
SSN			
Office Use (verified) Preparer initial			

Source(s) of Income: (Check all that Apply)

_____ W2 _____ 1099 _____ SSI _____ Self-Employed (see page 2 if self-employed)

- Did you receive Federal or State Stimulus Package(Enter amount Received): (Only if filing 2020 and/or 2021 Tax Returns)
Stimulus #1: _____ Stimulus #2: _____ State Grant: _____
- (New Clients only) Did you file a tax return last year? _____
If yes, please provide a copy of your return.
- Any person on this return attending college? _____
If yes, provide out of pocket expenses and 1098-T form for each person
- Do you pay for childcare services? _____
If yes, please provide the following information for each child and childcare provider:
 - Name of child that care is being provided for
 - Name of childcare provider
 - Childcare Provider SSN or EIN Number
 - Childcare Provider Address
 - Total amount paid for the calendar year

Did everyone in the household have medical insurance for the full year? _____ If no, then list who did not and which months they did not have coverage:

Name of Head of Household: _____ SSN: _____

Self-Employed provide the following: (Request Income/Expense Worksheet to complete)

- Total Cash Receipts for the year
- Categorized Expense Report or Receipts/Paid Invoices for the year
 - Rent
 - Advertisement
 - Supplies
 - Utilities
 - Etc.

How do you want to receive your tax refund:

_____ Paper check from the IRS and State Tax Revenue Service
 _____ Direct Deposit (if Direct Deposit provide the following information)
 Bank Name: _____
 Bank Routing Number: _____
 Bank Account Number: _____

(Please ensure all numbers are correct prior to submission. We will not be responsible for deposits going into wrong accounts. Printed information from Bank preferred)

State ID: _____ State ID#: _____

Issue Date: _____ Exp. Date: _____
Type as it appears in ID *Type as it appears on ID*

Tax Service: (Check all that apply)

- _____ Current Year Individual
- _____ Current Year Joint
- _____ Current Year Self-Employed
- _____ Previous Year Individual
- _____ Previous Year Joint
- _____ Previous Year Self-Employed

How to file Return:

Current Year Return: _____ Mail _____ E-File
 Previous Year Return: _____ Mail _____ E-File
(Some Previous Years Returns can only be mailed)
 List Previous Years Return needed: _____

I, _____, certify that I have not provided Boze Bookkeeping, LLC with any false or misleading information to process this return. I will not hold Boze Bookkeeping responsible or liable for any misrepresentations on this return caused by myself, which may cause an audit or investigation from any State or Federal Agencies.

Signature: _____ Date: _____

OFFICE USE ONLY:

PREPARER NAME: _____
 REC'D DATE: _____ PREPARED DATE: _____ FILED DATE: _____
 TAX YEARS FILED: _____ TOTAL DUE: _____