



Client Information Sheet

Tax Year: _____

Last Name: _____

No identification information has changed from last year's Client Info Sheet. **Skip to Next Section.**

Address To Be Used on Tax Return: _____

Street Address

OWN RENT

City

State

Zip

State of Residency: _____

Total Days Spent in State: _____

PRIMARY TAXPAYER

Legal Name: _____

Social Security Number: _____

Male

Female

Birthdate: _____

Telephone No: _____

Cell

Landline

Work

Email: _____ (must be different from spouse's email)

Driver's License Number: _____

State: _____

Issue Date: _____

Expiration Date: _____

SPOUSE

Legal Name: _____

Social Security Number: _____

Male

Female

Birthdate: _____

Telephone No: _____

Cell

Landline

Work

Email: _____ (must be different from spouse's email)

Driver's License Number: _____

State: _____

Issue Date: _____

Expiration Date: _____

****END OF SECTION****

If you are married, do you wish to file: _____ Married Filing Jointly

_____ Married Filing Separately

Number of Dependents: _____ Children Under 23 years old

_____ Parents or other qualifying adults

Please check all that apply:

(AAG needs this information EVERY year in order to properly prepare your tax return.)

- My spouse and I did not live together for at least 6 months of the year
- Someone else can claim me/spouse as a dependent Taxpayer Spouse
- Active military
- Employed as Educators Taxpayer Spouse
- AAG prepares my/our corporate tax return. Name of Business: _____
- Have dependents to claim this tax year
- Have active rental properties to report this tax year
- Donated to charity
- Operated a sole-proprietorship (unincorporated business)
- Used a home office for my sole-proprietorship/unincorporated business
- Used a vehicle for my sole-proprietorship/unincorporated business
- Had health insurance all tax year for the entire household
- Had health insurance for part of the year, or for some of the household members
- Obtained health insurance through the Marketplace (you MUST provide a 1095A to prepare your taxes)
- An HSA (Health Savings Account) was used through an employer
- Received 1099s
- Received W2s
- Received K-1s
- Received Social Security Taxpayer Spouse
- Received Disability or Paid Family Leave Taxpayer Spouse
- Received Unemployment Taxpayer Spouse
- Had Digital Asset or Virtual Currency activity Bought Disposed Lost/Scammed/Rug-Pulled
- Had debt cancelled (you MUST provide the 1099C)
- Have gambling winning or losses to report
- Had ownership in an S-corporation or Partnership
- Sold real estate of any kind
- Sold your primary residence
- Sold stocks or other capital assets
- Paid a mortgage on your primary residence
- Paid property taxes on your primary residence
- Received more than \$10 in bank interest
- Had a Mortgage Credit Certificate (MCC) (You would have applied for MCC during escrow)
- Paid qualified tuition or higher education expenses for you or your dependents
- Served on a Jury
- Gifted more than \$15,000 to an individual
- Purchased something outside California for use in California (ex. cars, boats, equipment, etc.)
- Contributed to a Retirement Savings Account outside of payroll
 - Total outside payroll contributed to ROTH: \$ _____
 - Total outside payroll contributed to IRA: \$ _____
 - Total outside payroll contributed to SEP \$ _____
- Received alimony Date of Divorce: _____
- Paid Alimony Date of Divorce: _____

- _____ Had financial interest or signature authority over any foreign financial accounts
 - _____ Had financial interest or signature authority over any foreign financial accounts over \$10,000
 - _____ Had interest or connection to a foreign trust
 - _____ Received an Identity Protection PIN from the IRS

 - _____ **I/We would like to give AAG San Diego permission to speak to someone about this tax return and the information required (ex. assistant, bookkeeper, financial advisor, attorney, caregiver, relative, etc.)**
- Name of Individual(s): _____

Quarterly Tax Payments

Quarterly Tax payments are required of some taxpayers. If you were required to make these payments, you would have received quarterly vouchers when you filed taxes last year. If you made these payments, or paid Quarterly Taxes for any other reason, please provide the following information:

I DID NOT MAKE ANY ESTIMATED/QUARTERLY TAX PAYMENTS

NOTE: DO NOT INCLUDE ANY TAXES PAID THROUGH A W2, EMPLOYER PAYROLL, SOCIAL SECURITY, OR OTHER WITHHOLDING

1 st Qtr Fed _____	3 rd Qtr Fed _____	1 st Qtr State _____	3 rd Qtr State _____
2 nd Qtr Fed _____	4 th Qtr Fed _____	2 nd Qtr State _____	4 th Qtr State _____

Tax Payment, Direct Deposit, and Withdrawal Information

Check all that apply:

- Directly deposit any refunds to the account indicated below
- Apply my/our refunds to any estimated taxes owed for next year, and refund the remainder to the account indicated below
- Directly withdraw any tax liabilities from the account indicated below. Funds will be withdrawn when the return is e-filed
- Please request an installment agreement with the IRS for any balance owed for this tax year
- I would like to pay the AAG San Diego outstanding invoices with the account indicated below

Name on Bank Account: _____

Please use the same banking information that was provided last year (do not need to fill-in below)

Routing Number: _____

Account Number: _____ Ckg Svgs

I acknowledge that the above answers are true and correct.

SIGNATURE

DATE

SPOUSE SIGNATURE (if applicable)

DATE