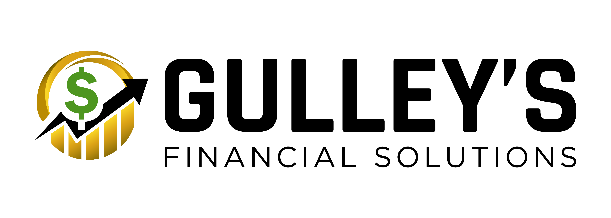
****

**CLIENT INFORMATION FORM**

***(Please complete all information below that Apply)***

# TODAY’S DATE: \_\_\_\_\_\_\_\_ Please indicate tax year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# AMENDED YEAR: \_\_\_\_\_\_\_\_

## 

# NEW CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_ RETURNING CLIENTS: \_\_\_\_\_\_\_\_\_\_

* **Check only one of the following:**

\_\_ **Single** \_\_ **Married Filing Jointly \*** \_\_ **Head of the House \_\_ Qualifying Widow**

**\_\_ Married Filing Separate\***

**Mr./Mrs./Ms./Miss *(please circle one)***

**PRIMARY NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_

**SECONDARY NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_

**\*(Please provide spouse information – If filing jointly or married filing separate)**

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_ **ZIP CODE**: \_\_\_\_\_\_\_\_\_\_

**YOUR HOME #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR WK #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR CELL #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE HOME #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SPOUSE WK #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_ **SPOUSE Cell #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR OCCUPATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SPOUSE OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **REFFERRED BY:** | **EMAIL:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPENDENTS NAME** | D.O.B | **SOCIAL SECURITY NUMBER** | RELATIONSHIP |
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**Please indicate your method of payment to Gulley’s Financial Solutions below:**

### CASH: \_\_\_\_ VISA/DEBIT CARD: \_\_\_\_\_ CHECK: \_\_\_\_\_ FEE’S WITHHELD: \_\_\_\_\_\_\_\_\_

**Please indicate how you wish to receive your refund below:**

**CHECK BY MAIL:** \_\_\_\_ **BANK CARD:** \_\_\_\_\_\_\_ **BANK ACCOUNT:** \_\_\_\_\_\_\_\_\_\_

**CHILD/DEPENDENT CARE EXPENSES (Match each provider to dependent.)**

Dependent Cared For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider’s SSN/EIN: \_\_\_\_\_\_\_\_\_\_

Provider’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt Paid: $\_\_\_\_\_\_\_\_\_

Dependent Cared For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider’s SSN/EIN: \_\_\_\_\_\_\_\_\_\_

Provider’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt Paid: $\_\_\_\_\_\_\_\_\_

**HIGHER EDUCATION EXPENSES**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK ACCOUNT INFORMATION:**

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **PREPARATION CHECK LIST FOR TAX RETURN** | |
| **LIST OF 0F DOCUMENTS** | * **CHECK LIST COLUMN** |
| **Social Security Card(s)** |  |
| **Driver’s License(s)** |  |
| **Dependents’ Social Security Numbers & Dates of Birth** |  |
| **Last Year's Federal and State Tax Returns** |  |
| **Wage Statements - Form W-2** |  |
| **Pension or Retirement Income - Form 1099-R** |  |
| **Interest and Dividend Income - Form 1099-INT/Form 1099-DIV** |  |
| **State Income Tax Refund Amount - Form 1099-G** |  |
| **Social Security Income - Form SSA-1099** |  |
| **Unemployment Income - Form 1099-G** |  |
| **Commissions Received/Paid** |  |
| **Information on sales of Stocks or Bonds - Form 1099-B** |  |
| **Self-Employed Business/Farm Income & Expenses - Form 1099-MISC** |  |
| **Merchant Card and Third Party Network Payments 1099-K** |  |
| **Lottery or Gambling Winnings - Form W-2G** |  |
| **Lottery or Gambling Losses** |  |
| **Income and Expenses From Rentals** |  |
| **Income from Partnerships, S Corporations, Trusts, and Estates - Schedule K-1** |  |
| **IRA Contributions** |  |
| **Alimony Paid or Received** |  |
| **Child Care Expenses & Provider Information** |  |
| **Medical, Eye Care, and Dental Expenses** |  |
| **Cash and Non-cash Charitable Donations** |  |
| **Record of Purchase or Sale of Residence** |  |
| **Mortgage or Home Equity Loan Interest Paid - Form 1098** |  |
| **Real Estate and Personal Property Taxes Paid** |  |
| **State or Local Sales Taxes Paid** |  |
| **Un-reimbursed Employment-Related Expenses** |  |
| **Job-Related Educational Expenses** |  |
| **Educator Expenses** |  |
| **Tuition and Education Fees - Form 1098-T** |  |
| **Student Loan Interest - Form 1098-E** |  |
| **Casualty or Theft Losses** |  |
| **Estimated Taxes** |  |
| **Foreign Taxes Paid** |  |
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I hereby certify that the information on this application is correct and true. Gulley’s Financial Solutions went over

the EIC, CTC & HOH qualifications before completing my return.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_