



TAX CLIENT PACKET

THANK YOU FOR CHOOSING CLEVELAND BUSINESS SERVICES TO HELP WITH YOUR TAX PREPARATION. **ALL TAX CLIENTS**, NEW AND RETURNING, ARE REQUIRED TO FILL THIS PACKET OUT IN FULL TO ENSURE IMPORTANT INFORMATION IS UPDATED AND ACCURATE ON YOUR RETURN.

WE WILL ONLY ACCEPT PAPERWORK WHEN ALL DOCUMENTS ARE READY AND THE RETURN IS READY TO BE FILED. ANY PACKETS THAT ARE LEFT INCOMPLETE, ALONG WITH ANY COMPLETED RETURNS THAT REMAIN AFTER 30 DAYS OF NOTIFICATION OF COMPLETION, WILL BE SUBJECT TO ADDITIONAL DOCUMENT STORAGE FEES.

ALL TAX PREPARATION FEES ARE DUE TO BE PAID IN FULL BEFORE ANY TAX RETURN IS TRANSMITTED. **PLEASE MAKE SURE YOU WRITE LEGIBLY.** CLIENT ACCEPTS LIABILITY FOR ANY ERROR THAT IS DETERMINED TO BE DUE FROM ILLEGIBLE WRITING.

THE LAW IMPOSES PENALTIES TO TAXPAYERS WHEN THEY UNDERESTIMATE THEIR INCOME OR TAX LIABILITY. OUR ENGAGEMENT AND TAX PREPARATION SERVICES ARE BEING COMPLETED UTILIZING DOCUMENTS PROVIDED BY THE CLIENT.

WE WILL ASK APPROPRIATE QUESTIONS AS NEEDED. WE ARE NOT RESPONSIBLE FOR AUDITING YOUR RECORDS. THE CLIENT ASSUMES ALL RESPONSIBILITY FOR THE VALIDITY OF INFORMATION PROVIDED.

ALL ORIGINAL DOCUMENTS WILL BE RETURNED TO YOU AT THE END OF OUR ENGAGEMENT. BE SURE TO STORE THESE RECORDS IN A SECURE LOCATION. CLEVELAND BUSINESS SERVICES WILL RETAIN DIGITAL COPIES OF ALL PAPERWORK FOR UP TO FIVE YEARS.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE TERMS OUTLINED ABOVE AND ACCEPT THEM AS PRESENTED.

NAME PRINT: _____

SIGNATURE: _____ DATE SIGNED: _____



Check all that apply:

New Client Returning Client New Dependents New Address
 Drop-Off In-Office Appt

FILING STATUS

Single Married, filing jointly Married, filing separately Head of Household

TAXPAYER INFORMATION

Full Legal Name: _____
SSN: ____-____-____ Date of Birth: ____/____/____ IPPIN if req'd: _____
Phone #: ____-____-____ May we text? Yes No Occupation: _____
Email: _____

SPOUSE INFORMATION

Full Legal Name: _____
SSN: ____-____-____ Date of Birth: ____/____/____ IPPIN if req'd: _____
Phone #: ____-____-____ May we text? Yes No Occupation: _____
Email: _____

ADDRESS FOR RETURN

Street Address: _____
City: _____ State: _____ Zip Code: _____

Whom is our main contact? _____

May we contact you via text to discuss your taxes and/or business? _____

Please note: During preparation, our office will text you from 423-295-8995. Client is responsible for providing all tax documents and information for processing and preparation. This is also an acknowledgement of consent to provide tax preparation including e-file transmission to IRS for federal and state filing. I acknowledge payment to be provided by payment at time of service.



CHECK ALL THAT APPLY

| TAXPAYER | SPOUSE | |
|----------|--------|---|
| _____ | _____ | Claimed as a dependent on someone else's return. |
| _____ | _____ | Over age 18 and a full-time student at an eligible educational institution. |
| _____ | _____ | Is blind. |
| _____ | _____ | Is deceased. |
| _____ | _____ | Wishes to contribute \$3 to the Presidential Election Campaign Fund. |
| _____ | _____ | Served in a combat zone during the current tax year. |
| _____ | _____ | Was affected by a natural disaster during the current tax year. |
| _____ | _____ | Received, sold, or disposed of a digital asset in the current tax year. |

PLEASE LIST TOTAL NUMBER OF EACH FORM YOU ARE INCLUDING IN YOUR DOCUMENTS

| | |
|--|--|
| _____ W-2 from Employment | _____ 1099-NEC from Self Employment |
| _____ 1099-INT from bank interest earned | _____ 1099R from Retirement Distributions |
| _____ 1099SA and 5498s from HSA's | _____ Financial/Investment Packs fm broker |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



ADDITIONAL INFORMATION- Please check all that apply

IF ANY OF THE FOLLOWING PERTAIN TO YOU, PLEASE GET A DEPENDENT WORKSHEET

- I am claiming the exact same dependents as I did last year with no changes (No worksheet needed)
- I am claiming dependents that are my biological children aged 16 years and under
- I am claiming dependents that are not my biological children aged 16 years and under
- I am claiming dependents that are my biological children age 17-24 and in college
- I am claiming dependents that are adults and are my parents or grandparents
- I am claiming dependents that are adults that are not my parents or grandparents

IF ANY OF THE FOLLOWING PERTAIN TO YOU, PLEASE GET A SCHEDULE C WORKSHEET

- I have a sole-proprietorship or single-member LLC small business
- I have a small business and I will handle my own state required filings
- I have a LLC, Partnership, or Corporation and I want you to renew my TNSOS Annual Report
- I have a small business and I want you to file my state TN Dept of Revenue required filings

TNTAP UN: _____ TNTAP PW: _____

IF ANY OF THE FOLLOWING PERTAIN TO YOU, PLEASE GET A SCHEDULE E WORKSHEET

- I have residential rental properties? If so, how many? _____
- I have commercial rental properties? If so, how many? _____

IF ANY OF THE FOLLOWING PERTAIN TO YOU, PLEASE GET A SCHEDULE F WORKSHEET

- I raise and sale livestock and/or cattle. If so, please provide detail: _____
- I grow and harvest any agricultural crop. If so, please provide detail: _____



EXPECTED OUTCOME OF RETURN

- _____ I expect to owe and I will make my own payment
- _____ I expect to owe and want you to apply for a payment plan
- _____ I expect to owe and want you to process bank draft payment for me using account info below
- _____ I expect a refund and I want direct deposit into account listed below

(Please make sure to write legibly)

Bank Name: _____ Routing: _____ Account #: _____

LLC's, PARTNERSHIPS, AND CORPORATIONS IN TN HAVE SEVERAL FILING REQUIREMENTS. CHECK ANY OF THE RETURNS THAT YOU WOULD LIKE FOR US TO ASSIST YOU WITH.

- _____ TN LLC Renewal _____ TN Franchise & Excise Return (LLC's, Partnerships, & Corps)
- _____ TN LLC Reinstatement _____ TN Business Tax Return (All registered businesses)

ANY CONCERNS, QUESTIONS, OR NOTES FOR YOUR TAXPREPARER? _____
