

# CLIENT INFORMATION SHEET FOR INDIVIDUAL TAX PREPARATION

**A.V.R.H & Co.**

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<b>Tax Year :</b>	<b>Data Collection Date :</b>	<b>Already Filed with AGI (Tax Year) :</b>
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PRIMARY TAXPAYER		SPOUSE			
First Name	Last Name	First Name	Last Name		
S.S.N.	Occupation	S.S.N.	Occupation		
D.O.B.	Date Deceased	D.O.B.	Date Deceased		
Home Phone	Work Phone	Home Phone	Work Phone		
Email	Pager/Mobile	Email	Pager/Mobile		
Disabled?	Legally Blind?	Disabled?	Legally Blind?		
Mailing Address		Apt/House #	City	State	Zip
Residential Address (if different)		Apt/House #	City	State	Zip

<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	Date of Sep./Divorce
<b>Visa Type</b>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> U.S. Resident Alien (No. of days Lived in USA):		<input type="checkbox"/> Non-resident Alien Student	

<b>FILING STATUS INFORMATION (Please check the appropriate status)</b>	
<input type="checkbox"/> Single (must be unmarried on last day of tax year)	
<input type="checkbox"/> Married Filing Jointly (must be married on last day of tax year)	
<input type="checkbox"/> Married Filing Separately (must be married but each spouse files his and her own return)	
<input type="checkbox"/> Head of Household (must be unmarried or considered unmarried on last day of tax year and maintained a home for someone for over 1/2 year)	
Can you or your spouse be claimed on someone else's return as dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILDREN & OTHER DEPENDENTS							
First Name	Last Name	S.S.N.	Relationship	Months in home (1-12)	D.O.B.	If over the age of 18	
						Income	F/T Student

GENERAL INFORMATION / DOCUMENTS REQUIRED	
<input type="checkbox"/> Do you receive any wages and salaries? If YES, please provide W-2's or 1099s	<input type="checkbox"/> Do you have any Mortgage? If YES, please provide 1098
<input type="checkbox"/> Do you have any interest earned? If YES, please provide 1099-INT	<input type="checkbox"/> Do you get any Child Tax Credit? If YES, please provide the letter from the IRS
<input type="checkbox"/> Do you have any dividend income? If YES, please provide 1099-DIV	<input type="checkbox"/> Did you receive a distribution from any form of pension plans, IRA or Keogh? If YES on any, please provide 1099-R
<input type="checkbox"/> Did you receive Social Security income? If YES, please provide 1099-SSA	<input type="checkbox"/> Did you receive any State and Local Income Tax refund?
<input type="checkbox"/> Do you have any capital gain/loss? If YES, please provide 1099-B	<input type="checkbox"/> Did you receive or pay alimony?
<input type="checkbox"/> Do you have an investment in any Partnership, S-Corp, Real-estate etc? If Yes on any, please provide the K-1	<input type="checkbox"/> Did you receive money from lottery, raffle, etc.?
<input type="checkbox"/> Did you receive unemployment compensation? If YES, please provide 1099-G	<input type="checkbox"/> Do you have any health saving certificate?
<input type="checkbox"/> Do you have any Marketplace Insurance? If YES, please provide 1095-A or 1095-C	<input type="checkbox"/> Did you pay any property tax?
<input type="checkbox"/> Do you have any Rental income? If YES, please complete Form Sch-E	<input type="checkbox"/> Did you contribute any amount to charity?
<input type="checkbox"/> Did you or your dependents attend College? If YES, please provide 1098-T	<input type="checkbox"/> Did you have any loss due to casualty (fire, theft, flood, etc)?
<input type="checkbox"/> Do you receive any Recovery Rebate Payment? If YES, please provide the IRS letter	<input type="checkbox"/> Did you make any estimated tax payment or not? If YES, please provide the details (Amount and date)
<input type="checkbox"/> Do you or your spouse have Driving License? If YES, please provide copy of VALID Driving License of both	<input type="checkbox"/> Do you have any foreign income? If YES, please complete Form 2555 questionnaire
<input type="checkbox"/> Did you use your car for business purposes? If YES, please give us the details (Make, Model, Purchase date, and Mileage)	

Taxpayer DL #	Spouse DL #	Bank Name
Taxpayer DL Issue date	Spouse DL Issue date	Account Number
Taxpayer DL Expiry date	Spouse DL Expiry date	Routing Number
<b>(If you do not have the VALID Driving License, please provide the State ID information)</b>		

At your request we will process the information from this sheet and other documents provided by you. If you decide not to use our services for any or all reasons, you will owe us the processing fee of \$95.00.

**(PLEASE NOTE: RETURN WILL NOT BE PROCESSED AND COPY WILL NOT BE PROVIDED UNTIL THE FEE IS COLLECTED.)**

By signing below, I certify that I have read the above mentioned information and that everything hereon is correct to the best of my knowledge.

Print Name	Taxpayer Signature	Date
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