Norvell & Scott, P.C.

Certified Public Accountants 2009 Darby Drive, Florence, AL 35630 256-764-9591 FAX 256-767-5979

TAX CLIENT INFORMATION SHEET

I. TAXPAYER/SPOUSE INFORMATION

Primary Taxpayer Full Name (from			
Social Security Number:	Date of Birth	: MMDD	YEAR
Occupation:	_ Do you want \$3 to go	to the Presiden	tial Campaign Fund:
SPOUSE FULL NAME (as shown on	social security card):		
Social Security Number:	Date of Birth	: MMDD	YEAR
Occupation:	_ Do you want \$3 to go	to the Presiden	tial Campaign Fund:
MARITAL STATUS (circle one):	Single	Married	Separated
STREET ADDRESS:			
CITY		STATE	_ZIP
EMAIL ADDRESS:			
Daytime Phone #: <u>()</u>	Drivers License #	Exp	dateIssue date
Evening Phone #: ()	SP Drivers License #	Evi	a data lissua data

Who may we thank for referring you to Norvell & Scott P. C.?_____

II. EXEMPTIONS

Please complete the following as applicable

	Name	Date of	Social	Relationship	Months in
	(As shown on social security	Birth	Security	To Taxpayer	Home
	card)		Number		
Dependen					
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III. REFUND

If you are receiving a refund, tell us how you would like to receive the refund. (Check only one)

____Check in the Mail (approx. 3 weeks- fees paid up front)

_____ I'd prefer to make that decision when I know the amount of my refund.

Routing Number:	Account Number:		
Checking	or	Savings	(please circle only one)
	CLIEN	NT INFORMAT	ION SHEFT
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DITIONAL INFORMA	TION		
OITIONAL INFORMA		uring the year:	Circle: If yes, please provide

IV.

Did you or your spouse at any time during the year: Did you live in any other states?	Circle: If yes, NO	please provide YES
Did you work in any other states?	NO	YES
If yes, list the states and the dates you lived there:		
 Receive wages, salaries, or any other employer compensation?	NO	YES All W-2 forms
Have you received W-2 forms from ALL employers?	NO	YES
Receive unemployment compensation?	NO	YES All 1099-G forms
Receive Social Security Benefits?	NO	YES All 1099-SSA forms
Receive Alimony?	NO	YES
If yes, list amount		
Pay alimony?	NO	YES
If yes, list name of recipient		
SSN of recipient Amount		
Do you pay daycare expenses?	NO	YES Provider name &
Address		
If yes, list amount SSN		
Receive winnings from gambling? (Lottery, racetrack, casinos, raff		NO YES All W-2-G
forms	103)	
Receive any miscellaneous income? (Prizes, awards, jury duty) If yes, list amount	NO	YES
And describe		
Are you claimed as a dependent on someone else's tax return?	NO	YES
Pay interest on student loans?	NO	YES
Receive pension, annuity, IRA or retirement income?		NO YES All 1099-R
forms	NO	
Receive interest on savings, cash, US bonds, stock dividends? Do you have any of the following?	NO	YES All 1099-INT
Home Mortgage?	NO	YES All 1098 forms
Medical expenses or pay for health insurance?	NO	YES List with amounts
Contributions to charity, church, etc?	NO	YES List with amounts
Out-of-pocket expenses or use your personal vehicle on the jo	ob?	NO YES List with
amounts		
Loss from casualty (fire, theft, natural disaster)		NO YES List with
amounts		
Did you have a job-related move?	NO	YES
Contribute to an IRA, SEP, Keogh, or simple retirement plan?	NO	YES
Pay college tuition expenses?	NO	YES

CLIENT INFORMATION SHEET

Did you or your spouse at any time during the year:	Circle: If yes, please provide			
Sell stock, mutual fund, or other securities?		NO	YES All 1099-B	
forms				
Receive a 1099-MISC?	NO	YES	All 1099-MISC	
Own your own business or were self-employed?	NO	YES		
Use a portion of your home exclusively for business?		NO	YES	
Do you own rental property?	NO	YES		
Receive royalties?	NO	YES		
Sell your Home	NO	YES	All 1099-S forms	
Sell any other property (equipment, land, etc.)?	NO	YES		
Did you make estimated tax payments?	NO	YES		
Operate a farm?	NO	YES		
Receive installment payments on property sold?	NO	YES		
Have an interest in a partnership, S-corporation, estate or trust?	NO	YES	All K1 forms	
Have income as a minister?		NO	YES	

V. SIGNATURE

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

IF I CHOSE NOT TO COMPLETE THIS RETURN, UPON TAX INFORMATION BEING INPUT INTO THE COMPUTER BY A TAX PREPARER THERE WILL BE A \$ 50.00 CONSULTATION FEE.

SIGNATURE: ______ Date: _____