

2023 CUSTOMER INFO SHEET—PERSONAL INCOME TAX

TAXPAYER INFORMATION:

LEGAL NAME: _____ SSN: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____ DATE OF BIRTH: _____

NAME YOU PREFER TO BE CALLED: _____ PRONOUNS: _____

DRIVERS LICENSE #: _____ ISSUE DATE: _____ EXPIRATION: _____

PREFERRED METHOD OF CONTACT: EMAIL PHONE

PREFERRED TAX PREPARER: EVE ANNE SAMANTHA ELLIS RYAN NO PREFERENCE

WERE YOU MARRIED AT ANY TIME IN 2023? Y N (IF YES, PLEASE PROVIDE EITHER SPOUSE INFO BELOW OR DATE OF DIVORCE/SEPARATION):

SPOUSE INFORMATION:

LEGAL NAME: _____ SSN: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____ DATE OF BIRTH: _____

NAME YOU PREFER TO BE CALLED: _____ PRONOUNS: _____

DRIVERS LICENSE #: _____ ISSUE DATE: _____ EXPIRATION: _____

PREFERRED METHOD OF CONTACT: EMAIL PHONE

DEPENDENTS

NAME	DOB	SSN	SON/DAUGHTER/OTHER	MONTHS IN HOME

FOR CHILDREN UNDER 13, DID YOU HAVE CHILDCARE EXPENSES? Y N

*****IF YES, PLEASE FILL OUT A CHILDCARE WORKSHEET

ESTIMATED TAX PAYMENTS

IF YOU MADE ANY PAYMENTS (NOT THROUGH WITHHOLDING) TO FEDERAL OR STATE, PLEASE LIST AMOUNTS AND DATES PAID BELOW:

	DATE PAID	DATE PAID	DATE PAID	DATE PAID	total
Federal	\$	\$	\$	\$	\$
State	\$	\$	\$	\$	\$

HEALTHCARE

DID ANYONE PURCHASE INSURANCE THROUGH HEALTHCARE.GOV? Y

*****IF YES, PLEASE PROVIDE ALL 1095-A FORMS. **WE WILL NOT BE ABLE TO FILE YOUR TAX RETURN WITHOUT THIS INFORMATION**

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DID YOU HAVE ACTIVE-DUTY MILITARY PAY Y N

ARE YOU A MILITARY RESERVISTS? Y N

DID YOU SELL /TRADE/GIFT/RECEIVE ANY VIRTUAL CURRENCY/DIGITAL ASSESTS (SUCH AS BITCOIN, NFTs) Y N

DO YOU HAVE ANY INTEREST OR AUTHORITY OVER ANY NON-US BANK ACCOUNT OR TRUSTS? Y N

HAVE YOU DONE ESTATE PLANNING/HAVE A WILL OR TRUST Y N

SOURCES OF INCOME

CHECK ALL THAT APPLY

X	INCOME TYPE	X	INCOME TYPE
<input type="checkbox"/>	WAGES (FORM W2)	<input type="checkbox"/>	UNREPORTED TIP INCOME
<input type="checkbox"/>	INTEREST (FORM 1099-INT)	<input type="checkbox"/>	RENTAL INCOME
<input type="checkbox"/>	DIVIDEND (FORM 1099-DIV)	<input type="checkbox"/>	SELF EMPLOYMENT/CONTRACTOR INCOME
<input type="checkbox"/>	UNEMPLOYMENT	<input type="checkbox"/>	ALIMONY
<input type="checkbox"/>	RETIREMENT/PENSION (FORM 1009-R)	<input type="checkbox"/>	GAMBLING/LOTTERY WINNINGS
<input type="checkbox"/>	SOCIAL SECURITY	<input type="checkbox"/>	FOREIGN EARNINGS
<input type="checkbox"/>	PARTNERHIP/S-CORP/TRUST (FORM K-1)	<input type="checkbox"/>	STATE TAX REFUND

INCOME—SPECIAL SITUATIONS

DID YOU SELL ANY STOCK? Y IF YES, WERE ANY SALES:
 EMPLOYEE STOCK PARTICIPATION (ESPP) SHARES? Y
 RESTRICTED STOCK UNITS (RSU--SHARES THAT VEST OVER TIME) Y
 INCENTIVE STOCK OPTIONS (ISO—SHARES YOU CAN BUY AT A GUARANTEED PRICE) Y

DID YOU SELL A HOME? Y

DID YOU HAVE INCOME FROM SELLING ITEMS ON EBAY OR THROUGH VENMO/PAYPAL/CASHAPP OR THE EQUIVALENT? Y

DID YOU RECEIVE INCOME FROM CASH OR NON-CASH SOURCES NOT ADDRESSED ABOVE? Y

IF YOU HAVE A REFUND AND WOULD LIKE DIRECT DEPOSIT, PLEASE PROVIDE YOUR BANK ROUTING AND ACCOUNT NUMBER:

ROUTING NUMBER (9 DIGITS): _____

ACCOUNT NUMBER _____

THIS ACCOUNT IS CHECKING SAVINGS

DEDUCTIONS/ADDITIONAL INFORMATION

CHECK ALL THAT APPLY. PLEASE INDICATE IF THE DEDUCTION APPLIES TO TAXPAYER (T) OR SPOUSE (S) OR BOTH.

T	S	DO/ARE YOU:	T	S	DO/ARE YOU:
<input type="checkbox"/>	<input type="checkbox"/>	K-12 TEACHER	<input type="checkbox"/>	<input type="checkbox"/>	OWN A HOME
<input type="checkbox"/>	<input type="checkbox"/>	CONTRIBUTE TO AN HSA	<input type="checkbox"/>	<input type="checkbox"/>	PAY PROPERTY TAX
<input type="checkbox"/>	<input type="checkbox"/>	HAVE HSA DISTRIBUTIONS	<input type="checkbox"/>	<input type="checkbox"/>	LIVE/WORK IN MULTIPLE STATES
<input type="checkbox"/>	<input type="checkbox"/>	CONTRIBUTE TO AN IRA /SEP IRA (Not through an employer)	<input type="checkbox"/>	<input type="checkbox"/>	HAVE UNREIMBURSED MEDICAL EXPENSES
<input type="checkbox"/>	<input type="checkbox"/>	PAY ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>	DONATE MONEY TO CHARITY TOTAL DONATED:
<input type="checkbox"/>	<input type="checkbox"/>	PAY COLLEGE TUITION	<input type="checkbox"/>	<input type="checkbox"/>	DONATE GOODS TO CHARITY FAIR MARKET VALUE:
<input type="checkbox"/>	<input type="checkbox"/>	ADOPT A CHILD	<input type="checkbox"/>	<input type="checkbox"/>	MAKE POLITICAL DONATIONS
<input type="checkbox"/>	<input type="checkbox"/>	HAVE LONG TERM CARE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	DID YOU MAKE ANY QUALIFIED ENERGY EFFICIENT IMPROVEMENTS TO YOUR HOME?
<input type="checkbox"/>	<input type="checkbox"/>	PUT MONEY IN THE OREGON COLLEGE SAVINGS PLAN	<input type="checkbox"/>	<input type="checkbox"/>	DONATE TO THE OREGON CULTURAL TRUST
<input type="checkbox"/>	<input type="checkbox"/>	STUDENT LOAN INTEREST	<input type="checkbox"/>	<input type="checkbox"/>	DID YOU BUY OR SELL AN ELECTRIC/HYBRID VEHICLE

By signing this statement, I agree that the information furnished to In or Out Tax Services, Inc. for the preparation and filing of my tax return is true, correct and complete to the best of my knowledge. In or Out Tax Services, Inc's liability is limited to paying interest or penalties due to their error, if we agree that penalties are due to our error, we reserve the right to ask for an abatement from the governing agency first. In or Out Tax Services, Inc is not responsible for interest or penalties resulting from inaccurate or incomplete information. In addition, I agree to pay an hourly fee of \$200/hour if I decline to complete my tax return with In or Out Tax Services, Inc after work has begun.

Customer Signature

Date