



DLR PROFESSIONAL SERVICES INC.

CLIENT INFORMATION SHEET

2125 WILLIAMSBRIDGE RD | INFO@DLRPROFESSIONALSERVICES.COM

CLIENT / FILING TYPE

RETURNING CLIENT

TAX YEAR

DATE

DM / REP NO.

AMOUNT DUE \$

DISCOUNT \$

AMOUNT PAID \$

BALANCE DUE \$

TAXPAYER AND CONTACT INFORMATION

TAXPAYER NAME

SSN / ITIN

DATE OF BIRTH

SPOUSE NAME

SSN / ITIN

DATE OF BIRTH

DAY PHONE

EVENING PHONE

CELL PHONE

STREET ADDRESS

CITY

STATE

ZIP

SCHOOL CODE

EMAIL

DOCUMENT CHECKLIST

ENTER NUMBER OF DOCUMENTS IN EACH BOX

W-2

W-2G

K-1

1099-NEC

1099-MISC

1099-R

1099-G

1099-K

1099-INT

1099-C

1099-DIV

1099-SSA

 1099-B 1099-OID 1099-MSA 1098 MORTGAGE 1098-E / T BANK STATEMENTS

OTHER DOCUMENTS

FILING STATUS

☐ SINGLE

☐ MFJ

☐ MFS

☐ HOH

☐ QSS

DEPENDENTS AND CHILD CARE PROVIDERS

| DEPENDENT NAME | DATE OF BIRTH | SSN / ITIN | RELATIONSHIP |
|----------------|---------------|------------|--------------|
|                |               |            |              |
|                |               |            |              |
|                |               |            |              |
|                |               |            |              |
|                |               |            |              |

CHILD CARE PROVIDER / BABYSITTER

SSN / EIN

ADDRESS

RETURN DELIVERY AND BANK INFORMATION

☐ RAC

☐ E-FILE

☐ PAPER

☐ DIRECT DEPOSIT

BANK INFORMATION

☐ CHECKING

☐ SAVINGS

MANUAL BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

CHECK / PAYMENT LOG

| TYPE          | CHECK NO. | AMOUNT | SEQ. NO. | RECEIVED BY | HANDED BY | DATE |
|---------------|-----------|--------|----------|-------------|-----------|------|
| FEDERAL       |           |        |          |             |           |      |
| FEDERAL SPLIT |           |        |          |             |           |      |
| STATE         |           |        |          |             |           |      |
| OTHER         |           |        |          |             |           |      |

NOTES

☐ PAY AT PICKUP

☐ PAID BY PARENT / OTHER

☐ NO CHARGE

REASON



DLR PROFESSIONAL SERVICES INC.

ELIGIBILITY, SUPPORT AND DISCLOSURE

2125 WILLIAMSBRIDGE RD | INFO@DLRPROFESSIONALSERVICES.COM

TAXPAYER NAME

TAX YEAR

HOUSEHOLD INFORMATION - COMPLETE IF APPLICABLE

USED TO REVIEW HEAD OF HOUSEHOLD, EARNED INCOME CREDIT AND CHILD TAX CREDIT ELIGIBILITY.

|                                                                             |                               |                              |             |             |
|-----------------------------------------------------------------------------|-------------------------------|------------------------------|-------------|-------------|
| DID YOU RECEIVE CHILD SUPPORT?                                              | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | MONTHLY \$  | <div></div> |
| DO YOU RENT OR OWN YOUR HOME?                                               | <input type="checkbox"/> RENT | <input type="checkbox"/> OWN | MONTHLY \$  | <div></div> |
| DID YOU RECEIVE SECTION 8 OR HOUSING ASSISTANCE?                            | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | MONTHLY \$  | <div></div> |
| DID YOU RECEIVE WELFARE FOR YOUR CHILDREN?                                  | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | MONTHLY \$  | <div></div> |
| DID YOU RECEIVE WELFARE FOR YOURSELF?                                       | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | MONTHLY \$  | <div></div> |
| DID YOU RECEIVE FOOD STAMPS FOR YOUR CHILDREN?                              | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | MONTHLY \$  | <div></div> |
| DID YOU RECEIVE FOOD STAMPS FOR YOURSELF?                                   | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | MONTHLY \$  | <div></div> |
| FOOD, WATER, UTILITIES, PHONE, CABLE AND OTHER HOUSEHOLD COSTS - MONTHLY \$ |                               |                              |             | <div></div> |
| HOME REPAIRS / MAINTENANCE EXPENSES - ANNUAL \$                             |                               |                              |             | <div></div> |
| DID YOU HAVE A SAVINGS ACCOUNT THIS TAX YEAR?                               | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  | YEAR-END \$ | <div></div> |

EXPENSES PAID FOR DEPENDENTS - MONTHLY AMOUNTS

|                                             |             |                       |             |
|---------------------------------------------|-------------|-----------------------|-------------|
| CLOTHING                                    | <div></div> | PERSONAL GROOMING     | <div></div> |
| MEDICAL AND DENTAL                          | <div></div> | EDUCATION             | <div></div> |
| CHILD CARE                                  | <div></div> | TRANSPORTATION        | <div></div> |
| MONEY PAID TOWARD CHILD SUPPORT             | <div></div> | TRAVEL AND RECREATION | <div></div> |
| CAPITAL ITEMS (FURNITURE, APPLIANCES, CARS) | <div></div> | OTHER                 | <div></div> |
| OTHER EXPENSE DESCRIPTION                   |             |                       |             |
| <div></div>                                 |             |                       |             |

DEPENDENTS WHO ARE NOT YOUR CHILDREN - COMPLETE IF APPLICABLE

FOR DEPENDENTS UNDER AGE 19, OR FULL-TIME STUDENTS UNDER AGE 24.

|                                                                               |                              |                             |                       |
|-------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------|
| PARENT(S) ADDRESS                                                             | <div></div>                  | COUNTRY                     | <div></div>           |
| DID THE PARENT(S) WORK DURING THE TAX YEAR?                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | INCOME \$ <div></div> |
| DID THE DEPENDENT LIVE WITH YOU DURING THE TAX YEAR?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                       |
| IF NO, ADDRESS                                                                | <div></div>                  |                             |                       |
| DO YOU HAVE CUSTODY DOCUMENTS? (PROVIDE A COPY.)                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                       |
| DO YOU HAVE DOCUMENTS PROVING THE DEPENDENT LIVED WITH YOU? (PROVIDE COPIES.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                       |

IF APPLICABLE, PROVIDE A SIGNED FORM 8332 FROM THE OTHER PARENT; ASK YOUR TAX ADVISOR.

NOTES / ADDITIONAL INFORMATION

CLIENT DISCLOSURE AND ACKNOWLEDGMENT

I (WE) HAVE PROVIDED THE INFORMATION ABOVE FOR PREPARATION OF MY (OUR) TAX RETURN BY DLR PROFESSIONAL SERVICES INC. AND ITS STAFF. UNDER PENALTIES OF PERJURY, I (WE) DECLARE THAT I (WE) HAVE EXAMINED MY (OUR) INDIVIDUAL INCOME TAX RETURN, ACCOMPANYING SCHEDULES AND STATEMENTS FOR THE TAX YEAR, AND TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. I (WE) CONFIRM THAT THE AMOUNTS SHOWN ON THIS INFORMATION SHEET AND ACCOMPANYING SCHEDULES WERE PROVIDED BY ME (US). I (WE) UNDERSTAND THAT I (WE) MUST RETAIN ALL SUPPORTING DOCUMENTS USED TO PREPARE THE RETURN FOR POSSIBLE FUTURE AUDITS. I (WE) ACKNOWLEDGE RECEIPT OF A COPY OF THE RETURN WITH ALL SCHEDULES ATTACHED. ADDITIONAL COPIES MAY BE SUBJECT TO A FEE. I (WE) UNDERSTAND AND ACCEPT THE APPLICABLE E-FILING, FILING, BANK AND OTHER SERVICE FEES. I (WE) CERTIFY THAT ALL INCOME, EXPENSES, DEDUCTIONS, DEPENDENTS, CREDITS AND OTHER INFORMATION SUPPLIED IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE. ANY BANK DEBIT FOR A DISHONORED PAYMENT REQUIRES A SEPARATE VALID AUTHORIZATION.

☐ I / WE ACKNOWLEDGE THE DISCLOSURE ABOVE.

TAXPAYER SIGNATURE / TYPED NAME

DATE

SPOUSE SIGNATURE / TYPED NAME

DATE