



DLM SERVICES
Tax Preparation & Notary

"NEW" CLIENT INFORMATION SHEET

Tax Year(s): _____

DATE: _____

(Provide a copy of your last year's return) _____

Taxpayer's Full Name _____ Spouse's Full Name _____
 Job Title _____ Job Title _____
 SSN _____ DOB _____ SSN _____ DOB _____
 E-mail _____ E-mail _____
 Work _____ Ext _____ Cell Phone _____ Work _____ Ext _____ Cell _____
 Home Phone _____ Mailing Address _____

CHECK ALL THAT APPLY:

You obtained a **Marriage License**? _____ Date of Marriage? _____
 You and your spouse **lived apart** during tax year? _____ Did you live together at any time after June 30? _____
 Someone else **claimed** you (or spouse) as a dependent. If so, who claimed you & why: _____
 You were a student, had tuition, or had education expenses. **Name of College:** _____
 F-T P-T Tuition covered under _____
College Year, circle: _____
 Spouse was a student, had tuition, or education expenses. Name of College: _____
 F-T P-T Tuition covered under _____
College Year, circle: _____
 You received Pandemic Unemployment Assistance (PUA for 2020/2021). _____
 You are holding a **Business License** as of December 31, 2023. _____

FOR SINGLE/MARRIED FILING SEPARATELY FILERS ONLY

You have no mortgage or your home is paid off. _____ You pay more than 50% of the rent. _____
 You pay more than 50% of the mortgage. _____ You pay more than 50% for utilities in your home. _____
 You share rent. _____ You pay more than 50% for groceries in your home. _____
 You pay more than 50% of the rent (utilities included) _____ Another person in the household has a higher income? _____
 If yes, Who? _____

OTHER LIVING ARRANGEMENTS: _____

COVID RELATED QUESTIONNAIRE (ONLY IF YOU ARE FILING TY 2020 &/OR 2021)

For TY 2021

I/We received **Advance CTC**. Total amount received: \$ _____
 I/We (including dependents) received **3rd** EIP. Total amount received: \$ _____

For TY 2020

I/We (including dependents) received **1st** EIP. Total amount received: \$ _____
 I/We (including dependents) received **2nd** EIP. Total amount received: \$ _____

INDICATE HOW MANY DOCUMENTS YOU ARE SUBMITTING:

Wage Statement (W-2)	Tuition Statement (1098-T)	Mortgage Interest Statement (1098)
Corrected W-2 (W-2C)	Pre-K Receipts	Paid Real Estate Taxes
Miscellaneous (1099-MISC/NEC)	Daycare Statement/Receipts Deed	Charitable/Religious Contributions
PUA (1099-G)	Program Receipts	Schedule K-1
Received Interest (1099-INT)	Gambling Winnings (W-2G)	Business/Professional License
Received Dividends (1099-DIV)	Sold Stocks or Bonds	GRT
Form 1099-R	Marriage License/Certificate	Totaled Gambling Loss \$ _____
Social Security Benefits (SSA-1099)	Death Certificate	Totaled Medical/Dental Expenses \$ _____
Health Savings Account (1099-SA)	Legal Guardianship/POA	Other: _____