



PERSONAL DATA SHEET

843-552-5444

Please complete prior to your tax preparation appointment. (Includes Prior Clients)

	First Name and M.I.	Last Name (Spouse if different)	Social Security #
Taxpayer:			
Spouse:			
Street Address:			Apt No.:
City:			County:
State:			ZIP Code:
Telephone #:			How Did You Hear About Us?
E-mail address:			

	TAXPAYER	SPOUSE
Occupation:		
Date of Birth:		
Over Age 65:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blind:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have health insurance all year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$3 to Presidential Election Fund:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did we prepare your return last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENTS

First Name and M.I.	Last Name	S.S.#	Childcare Exps?	Relationship	D.O.B.
			<input type="checkbox"/> Yes		
			<input type="checkbox"/> Yes		
			<input type="checkbox"/> Yes		
			<input type="checkbox"/> Yes		

Filing Status

Single
 Head of Household
 Married Filing Jointly
 Qualifying Widower with dependent Child
 Married Filing Separate

REMEMBER TO BRING THE FOLLOWING INFORMATION WITH YOU FOR TAX PREPARATION:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Copy of last year's tax return (unless we prepared it) • 1099's from Interest Income, Dividend Income, Pension/Annuity Income and IRA distributions • Statement of capital gain/loss transactions. (Sale price, date of purchase, Number of Shares, date of sale) • Qtrly taxes paid: copy of checks or other record • Forms (1098) for Mortgage Interest Paid • Property Tax records for Real Estate and personal property • The HUD 1 statement from any real estate transactions including Refinancing • Medical Expenses - itemized list with TOTALS only - no receipts | <ul style="list-style-type: none"> • Charitable Contributions- Itemized List with TOTALS only - no receipts • Social Security Statements • W2 forms for any employment • 1099 MISC - Self Employment • End of Year Brokerage/Mutual Fund Statement • College tuition and student loan interest • Any Health Insurance Forms received incl.#1095 • Anything received that states "IMPORTANT TAX INFO" |
|--|---|



TAX CLIENT AGREEMENT

Complete Tax Preparation for individuals for **\$125.00** includes:
E-filed personal, single or joint, federal and one state return for one tax year.

In order to complete these services, I have been asked to provide certain information. It is my responsibility to make sure the provided information is complete and accurate. The services do not include any verification of the information I provide. It is also my responsibility to maintain records of this information since I may need to satisfy tax authority inquiries.

*****IMPORTANT NOTE *****

If I bring in new or revised information (e.g., 1099's, W -2's, additional deductions or other tax information) after my taxes have been e-filed or printed to be filed by mail, I agree to pay Rogers Tax Advisory Group, Inc., **an additional \$75.00 to re-file or re-print my return(s)**.

My Tax Return will be filed electronically to allow faster processing by the IRS . My tax returns will not be electronically-filed without my signed consent.

I understand the electronic filing process and will contact Rogers Tax Advisory Group should I have any questions or changes to my return.

Additional charges would include:

- \$75.00** Schedule C or E (each)
- \$40.00** Earned Income Credit (Schedule EIC)
- \$50.00** Additional State Return
- \$20.00** Additional copy of current year tax
- \$25.00** Additional copy of previous year tax return
- \$10.00** Copy of supporting documentation
- \$10.00** SC 1385 Motor Fuel Tax Credit
- \$40.00** Form 8965 Exemption from the Affordable Care Act
- \$60.00** Form 8962 Reconciliation of the Premium Tax Credit
- Business and Trust Returns – Negotiable

The estimated cost of my return will be _____

Client Signature: _____

Print Name: _____ Date: _____

Client Signature: _____

Print Name: _____ Date: _____

NOTE: For Joint Returns, **both spouses must pick up** the tax return and sign the IRS e-file forms.