



• 1690 Sumneytown Pike, Ste 165 • Lansdale, PA 19446 • 267-269-2901 • FAX 888-222-8310

• Email: admin@bpacpas.com • Web Site: www.bpacpas.com

CLIENT INFORMATION SHEET

I. TAXPAYER/SPOUSE INFORMATION

Primary Taxpayer Full Name (from social security card): _____

Social Security Number: ____-____-____ Date of Birth: MM__DD__YEAR__

Occupation: _____

E-Mail Address: _____

Phone #: _____ Drivers License: Please upload to onvio.us/bring with documents

Street Address: _____

City _____ STATE _____ ZIP _____

Marital Status (check one): Single Married Separated

Spouse Full Name (as shown on social security card): _____

Social Security Number: ____-____-____ Date of Birth: MM__DD__YEAR__

Occupation: _____

EMAIL ADDRESS: _____

SP Phone #: _____ SP Driver's License: Please upload to onvio.us/bring with documents

II. EXEMPTIONS

Please complete the following as applicable

	Name (As shown on social security card)	Date of Birth	Social Security Number	Relationship To Taxpayer	Months in Home in 2021
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					

III. Direct Deposit Information (Please provide yearly)

Financial Institution: _____

Routing Number: _____ Account Number: _____

Checking or Savings (please check only one)

** If we did not prepare last year returns, provide a copy of federal and state returns for the two previous years.



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The filing deadline for your income tax return is April 15, 2022. Your completed questionnaire signed engagement and tax documents need to be received no later than March 31, 2022. All three items must be received before any work will begin on your tax return. **Any information received after March 31, 2022 may require an extension to be filed for this return.** If an extension of time is required, any tax due should be paid with that extension. Any taxes not paid by the filing deadline may be subject to late-payment penalties and interest. If you do not pay a reasonable estimate of your tax liability, your extension may be deemed invalid, subjecting you to late-filing penalties. Your return will be electronically filed unless otherwise requested or ineligible for e-file. We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact our Office Manager, Jeanette by emailing admin@bpacpas.com or calling (267) 263-2901.

IV. ADDITIONAL INFORMATION

Did you or your spouse at any time during the year:	Check:	If YES, please provide
Did you change residences? If yes, list the address and the dates you lived there: _____	___ NO	___ YES
Did you work in any other states? If yes, list the states: _____	___ NO	___ YES
Receive wages, salaries, or any other employer compensation? Have you received W-2 forms from ALL employers?	___ NO	___ YES All W-2 forms
Receive unemployment compensation?	___ NO	___ YES All 1099-G forms
Receive Social Security Benefits?	___ NO	___ YES All 1099-SSA's
If divorced: Order/modified Order effective date if receiving or paying alimony: _____		
Receive Alimony? If yes, list amount _____	___ NO	___ YES
Pay alimony? If yes, list name of recipient _____ SSN of recipient _____ Amount _____	___ NO	___ YES
Do you pay daycare expenses? Provider name & Address _____ If yes, list amount _____ SSN _____	___ NO	___ YES
Receive winnings from gambling? (Lottery, racetrack, casinos, raffles)	___ NO	___ YES All W-2-G forms
Receive any miscellaneous income? (Prizes, awards, jury duty) If yes, list amount _____ And describe _____	___ NO	___ YES
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's
Receive interest on savings, cash, US bonds, stock dividends?	___ NO	___ YES All 1099-INT's



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Did you or your spouse at any time during the year:	Check:	If yes, please provide
Do you have any of the following?		
Home Mortgage?	___ NO	___ YES All 1098 forms
Medical expenses or pay for health insurance?	___ NO	___ YES *List with amts
Contributions to charity, church, etc?	___ NO	___ YES *List with amts
Out-of-pocket expenses or use your personal vehicle on the job?	___ NO	___ YES *List with amts
Loss from casualty (fire, theft, natural disaster)	___ NO	___ YES *List with amts
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
Sell stock, mutual fund, or other securities? (including Robinhood)	___ NO	___ YES All 1099-B's
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? (request rental questionnaire)	___ NO	___ YES
Receive royalties?	___ NO	___ YES
Sell your Home (include ALTA closing disclosure)	___ NO	___ YES All 1099-S's
Buy your Home (include ALTA closing disclosure)	___ NO	___ YES
Sell any other property (equipment, land, etc.)?	___ NO	___ YES
Did you make Federal estimated tax payments?	___ NO	___ YES
Quarter 1 amount	\$ _____	
Quarter 2 amount	\$ _____	
Quarter 3 amount	\$ _____	
Quarter 4 amount	\$ _____	
Did you make State estimated tax payments?	___ NO	___ YES
Quarter 1 amount	\$ _____	
Quarter 2 amount	\$ _____	
Quarter 3 amount	\$ _____	
Quarter 4 amount	\$ _____	
Did you make Local estimated tax payments?	___ NO	___ YES
Quarter 1 amount	\$ _____	
Quarter 2 amount	\$ _____	
Quarter 3 amount	\$ _____	
Quarter 4 amount	\$ _____	

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Did you or your spouse at any time during the year:

Check:

If yes, please provide

Operate a farm?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Receive installment payments on property sold?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Maintain minimum essential health coverage	<input type="checkbox"/> NO	<input type="checkbox"/> YES All 1095's
Have an interest in a partnership, S-corporation, estate, or trust?	<input type="checkbox"/> NO	<input type="checkbox"/> YES All K1 forms
Have income as a minister?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Did you acquire, use, dispose of or hold any virtual currency/cryptocurrency (such as bitcoin)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Advanced Child Tax Credit received in 2021	<input type="checkbox"/> NO	<input type="checkbox"/> YES Letter 6419
Stimulus #3 (Around April of 2021) \$_____	<input type="checkbox"/> NO	<input type="checkbox"/> YES Form 6475

V. SIGNATURE

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

SIGNATURE: _____ **Date:** _____

***List with Amts** – we do not need each receipt, please keep the receipts with your records at home for proof. All we need is a written list or spreadsheet with totals for each category.

****Physical Copies** – If you are dropping off physical copies, please do not staple, place in binder/plastic inserts or place between the organizer pages. Open the individual envelopes you receive in the mail and paper clip or place documents in one large envelope or folder. We appreciate your assistance.