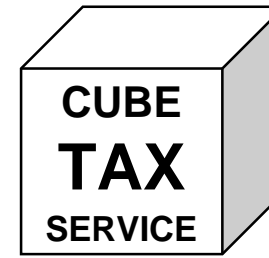


CLIENT DATA PACKET

General Information



Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

Spouse Phone: _____ Spouse Email: _____

Did the IRS adjust your 2019 refund? Y/N

Have you received a letter from the IRS? Y/N

Filing Status: Single: ___ Head of Household: ___ Married Filing Jointly: ___ Married Filing Separately: ___

(If you are Married Filing Separately, credits may not be allowed.)

	Legal First Name	MI	Last Name	Date of Birth	Social Security Number	Relationship	# Mos In House
Taxpayer						XXXXXX	XXXX
Spouse						XXXXXX	XXXX
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							

Include a copy of last year's return if not prepared by Cube Tax Service.

REQUIRED

Health Insurance

Form 1095 A – required if you had Marketplace Health Insurance

Form 1095 B or C

2020/2021 EIP Covid Stimulus

Form 1444/1444B Stimulus \$ Received

2020 Round 1 \$ _____ 2021 Round 2 \$ _____

Additional Information Needed to Have Your Return Prepared

Sources of Income

Number Received or Expected:

- ___ W2
- ___ 1099 Int (Interest)
- ___ 1099 Div (Dividends)
- ___ 1099 B/1099S (Stock/Asset Sales)
- ___ 1099 Consolidated (Brokerage Account)
- ___ Social Security
- ___ 1099-R Retirement
- ___ 1099 NEC and/or 1099K
- ___ 1099 MISC
- ___ 1099 HSA
- ___ 1099Q (529/College Plan Distributions)
- ___ K1

SELF-EMPLOYED INCOME/EXPENSES

Download and complete a Self-Employed Worksheet at
www.cubetax.com/forms-documents/

RENTAL INCOME

Address of Property/Days Rented/Income/Expenses/1098:

IRA CONTRIBUTIONS MADE FOR TAX YEAR 2020

	<u>Deductible</u>	<u>ROTH</u>	<u>Non-Deductible</u>
Taxpayer	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____

Deductions/Adjustments

___ Standard ___ Itemized (Form 1098 for Mortgage Interest)

If 1098 is not available you MUST provide the Name, Address and EIN or SS# of any individual to whom you paid interest.

Home Interest \$ _____ Real Estate Taxes \$ _____

Charitable Contributions: Cash \$ _____ Non-Cash \$ _____

Attach 1098C valuation if you donated a car or boat.

Motor Vehicle State Sales Tax Paid \$ _____

Other: _____

Student Loan Interest: _____

Educator (Teacher) Expenses: _____

Gambling Loses: _____

Child Care Provider Information

Number of your children in child care _____

Name of Provider	EIN or SS#	\$ Amount
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Higher Education Credits

1098-T from each University is required

Receipts must be retained for any book costs used to calculate a credit.

Student	University	\$ Spent on Books
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We must have a copy of a valid ID from each taxpayer on the Tax Return (i.e. Driver's License or Passport) and a copy of the social security card for every person included on the return.

We must have written proof that all dependent children claimed on your Tax Return lived with you or were considered to be living with you (away at school) for the Tax Year. This can be one of the following on which the child's name and address are listed: School Records, Landlord Statement (lease), Medical Records, Child Care Provider records or Social Services records.

Print out the Engagement Letter from our website www.cubetax.com, answer the questions on page 2 and return the signed copy with your tax information to:

Cube Tax Service
10711 Burnet Road, Ste 325
Austin, TX 78758

SIGNATURE

I understand that Cube Tax Service has told me not to email anything containing Personally Identifiable Information (PII). I can request a link to a secure portal, mail or drop off documents containing PII.

I understand that Cube Tax Service provides tax preparation service and is not a tax consultant and does not provide tax advice. To the best of my knowledge and belief the information provided to Cube Tax Service is true, correct and complete. I understand that Cube Tax Service does not withhold their fee from my refund and I am required to make payment.

Signature _____

Date _____

Signature _____

Date _____