



# Wellspring Tax Service

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## Client Info Sheet 2020 Tax Year

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did year hear about us? \_\_\_\_\_

### Dependent Information (Do Not List yourself or spouse)

Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N

Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N

Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N

Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N

### Additional Information Needed To Complete Your Return

**Did you obtain health insurance through the Marketplace (also known as Obamacare)?** Yes No

**Did you receive 2 COVID STIMULUS CHECKS? Yes or No** Amount of 1st check: \_\_\_\_\_ Amount of 2nd check: \_\_\_\_\_

Were you legally married at the end of 2020? Yes No

If yes, did you live with your spouse after 7/1/20? Yes No

Are there any other relatives (not spouse or children) living with you? Yes No

Does anyone in your home earn more than you? Yes No

Can you be claimed on someone else's return? Yes No

Can anyone else claim your children as dependents? Yes No

Are any dependent's last names different from the parents? Yes No

Are there any changes in your dependents this year? Yes No

Are there any qualifying children that are not your son or daughter? Yes No

Was the taxpayers main home the same as the qualifying child? Yes No

Have you ever been rejected from the Earned Income Credit program? Yes No

Do you own your own business or receive any income from self-employment income? Yes No

Did you have any stocks, rental or K-1 (investment) income? Yes No

Do you maintain a farm or receive royalties of any kind? Yes No

**By signing this form, you state that all of the information you have provided is accurate to the best of your knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_