



www.ats1040.net

Please complete the following personal information if this is **your first year** with our firm. Otherwise, simply fill in **any changes** from last year:

Taxpayer		Spouse	
Name:	_____	Name:	_____
Social Security #:	_____	Social Security #:	_____
Date of Birth:	_____	Date of Birth:	_____
Occupation:	_____	Occupation:	_____
Phone Number:	_____	Phone Number:	_____
Preferred Email:	_____	Preferred Contact:	_____
Address:	_____		
City:	_____	State:	_____ Zip: _____
Referred By: (If new)	_____		

Dependents

<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Income</u>	<u># of Months Child Lived With You During 2022</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Questionnaire

	<u>Yes</u>	<u>No</u>
Did you receive a payment from the MN Frontline Worker Pay Program? <i>If yes, provide amount. \$ _____</i>	_____	_____
Did you pay for any daycare services during 2022? <i>If yes, attach slip from daycare that shows daycare name, address, tax id #, and amount paid.</i>	_____	_____
Did you trade any virtual currency during 2022? <i>If yes, attach tax document 1099-B or realized gain or loss report.</i>	_____	_____
Did you make any charitable donations during 2022? <i>If yes, provide amounts: Cash, check, credit card, or payroll \$ _____ Non-cash: \$ _____</i>	_____	_____
If you receive a refund, would you like direct deposit? <i>If yes, provide a voided check if not already on file.</i>	_____	_____
Would you like a PDF copy of your return instead of a paper copy? <i>If yes, please bring your ATS flash drive or provide a valid email address for portal delivery.</i>	_____	_____

By signing below you acknowledge that, to the best of your knowledge and belief the information contained on this form is both accurate and complete.

_____	_____
Signature	Date
_____	_____
Signature	Date