

CLIENT INFORMATION FORM

SJBTS LLC * St Johns Business & Tax Service * 1509 Waterford Pkwy * St Johns, MI 48879 * support@stjohnsbts.com

OTBTS LLC * Old Town Business & Tax Service * 1310 Turner St, Ste B * Lansing, MI 48906 * clientsupport@oldtownbts.com

ITBTS LLC * Ithaca Business & Tax Service * 1214 E Center St * Ithaca, MI 48847 * support@ithacabts.com

Primary Taxpayer

Spouse

Full Name

Full Name

Social Security Number/ITIN

Date of Birth

Social Security Number/ITIN

Date of Birth

Street Address

Street Address

City

State

Zip

City

State

Zip

E-Mail

E-Mail

Cell Phone

Cell Phone

Occupation

Occupation

Are you active in the Military? ☐ Yes ☐ No

Are you active in the Military? ☐ Yes ☐ No

Are you being claimed as a dependent? ☐ Yes ☐ No

Are you being claimed as a dependent? ☐ Yes ☐ No

Are you legally blind or disabled? ☐ Yes ☐ No

Are you legally blind or disabled? ☐ Yes ☐ No

Marital Status ☐ Single ☐ Married ☐ Widowed

Fraud Protection: Please provide us the following from a driver's license or ID, or simply attach a copy.

Taxpayer DL/ID# _____ Issue Date _____ Expire Date _____ State _____

Spouse DL/ID# _____ Issue Date _____ Expire Date _____ State _____

When my return is complete: How would you like to receive your completed return?

☐ **Digital/Online**

View/Sign/Pay

☐ **Paper Copy of Tax Return**

In Person Sign/Pay/Pick Up

☐ Mailed for Signatures

(Priority Mail \$15 Upcharge)

Choose your pick up location:

☐ **St. Johns**

☐ **Old Town**

☐ **Ithaca**

Dependents If any dependents listed did not live at the primary taxpayer’s address the entire year, please discuss this with the tax preparer

Name (first and last)	Social Security #	Relationship (Son or Daughter)	Date of Birth	Months in Home	FT Student	Disabled

Preparer Questions

- A. What is your filing status? ☐ Single ☐ Married ☐ Married filing Separate ☐ Head of Household
- B. Do you have any Foreign Accounts? ☐ Yes or ☐ No
- C. Did you trade any Virtual Currency? ☐ Yes or ☐ No
- D. Would you like your refund direct deposited? ☐ Yes or ☐ No
Please indicate if the account is ☐ Checking or ☐ Savings or ☐ Same as last year
Routing# _____ Acct# _____
Bank Name _____

Did you make any estimated tax payments for the current tax year? ☐ Yes or ☐ No
If yes, please provide the information below

Federal		State		City	
Payment Date	Amount	Payment Date	Amount	Payment Date	Amount
_____		_____		_____	
Payment Date	Amount	Payment Date	Amount	Payment Date	Amount
_____		_____		_____	
Payment Date	Amount	Payment Date	Amount	Payment Date	Amount
_____		_____		_____	
Payment Date	Amount	Payment Date	Amount	Payment Date	Amount
_____		_____		_____	

Your Tax Situation: Please fill in all that apply to you and/or your spouse

Income Sources

- ☐ Employer (W-2)
- ☐ Unemployment
- ☐ Social Security (SSA-1099)
- ☐ Retirement Distribution (1099-R)
- ☐ Interest (1099-INT)
- ☐ Dividends (1099-DIV)
- ☐ Stock or Mutual fund sales (1099-B)
- ☐ Self-Employment (1099-NEC)
- ☐ Misc (1099-MISC / K-1)
- ☐ Rental Property (income and expenses)
- ☐ Farming

Miscellaneous

- ☐ Sold a home / bought a home
- ☐ Paid/ received alimony
- ☐ Had gambling winning/ losses
- ☐ Energy efficient home improvements
- ☐ Made an IRA contribution

Household / Dependents

- ☐ Change in family or marital status
- ☐ Adopted a child
- ☐ Paid child/dependent care expenses
- ☐ Enrolled in Marketplace health insurance (1095-A)
- ☐ HSA contribution/withdraw
- ☐ Child Tax Credit (IRS Letter 6419)
- ☐ Education expenses (tuition 1098-T)
- ☐ Financed a new car in 2025

Itemizations

- ☐ Large out-of-pocket medical expenses
- ☐ Property taxes paid in the tax year
- ☐ Donations to charity
- ☐ Had a mortgage payment
- ☐ Vehicle registration costs
- ☐ Made a major taxable purchase

Property Tax Credit/ Renter's Credit

Provide us with the property taxes billed to you for the tax year (copies of the bills please) Or...
Provide us your monthly rental amount for the tax year plus the name of your landlord.

- be sure to Indicate if you are the sole contributor to rent or if it spilt or shared with others

Monthly Rent \$ _____ Landlord Name & Address _____

This past year Please tell us anything else you feel was not already included so that we may
find you as many credits and deductions as possible.

Primary Taxpayer Signature

I attest to the above supplied information