



2023 Client Application

Today's Date _____

Filing Status (Please circle one): Single Married (Joint) Married (Separate) Head of Household Widower

TAXPAYER INFORMATION:

Taxpayer Name: _____ Middle Initial: ____ Last Name: _____ (Jr, Sr) ____
S.S.#: _____ - _____ - _____ D.O.B.: ____/____/____ Occupation: _____
Disabled: ____ Blind: ____ Full-Time Student: ____ Dual-Status Alien: ____ Someone Else's Dependent: ____ Deceased: ____

Spouse Name: _____ Middle Initial: ____ Spouse Last Name: _____
S.S.#: _____ - _____ - _____ D.O.B.: ____/____/____ Occupation: _____
Disabled: ____ Blind: ____ Full-Time Student: ____ Dual-Status Alien: ____ Someone Else's Dependent: ____ Deceased: ____

Address: _____ Apt: _____ Phone: _(____) _____ - _____
City State Zip
Email: _____

DEPENDENTS:

First Name: _____ Middle Initial: ____ Last Name: _____
S.S.#: _____ - _____ - _____ D.O.B.: ____/____/____ Relationship: _____
months lived with you during year? ____ Disabled? ____ Anyone else that can claim this dependent? ____
If dependent is child over the age of 19 is he/she a Qualified College Student? ____ If yes, provide school tuition forms, student loan interest forms, and/or any applicable out-of-pocket expenses spent on tuition, books, or required materials.

First Name: _____ Middle Initial: ____ Last Name: _____
S.S.#: _____ - _____ - _____ D.O.B.: ____/____/____ Relationship: _____
months lived with you during year? ____ Disabled? ____ Anyone else that can claim this dependent? ____
If dependent is child over the age of 19 is he/she a Qualified College Student? ____ If yes, provide school tuition forms, student loan interest forms, and/or any applicable out-of-pocket expenses spent on tuition, books, or required materials.

(If you have more dependents, please continue on back of this page or attach additional pages.)



If we have not previously prepared your return, please provide a copy of your prior year tax returns.

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected) ____Yes ____No

VIRTUAL CURRENCY:

At any time during 2023, did you receive, sell, send, exchange, or otherwise dispose of any financial interest in any virtual currency?
____Yes ____No (If yes please provide forms and information applicable.)

Healthcare Section

Starting with the 2019 plan year, the Federal Shared Responsibility Payment no longer applies. Some states, however, have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your "tax family."

1. If you had health care coverage with a government Marketplace (Exchange) during 2023. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, then you will also need a copy of that taxpayer's 1095-A.
3. If a dependent filed a return for 2023. Provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.
6. Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of 2023.

Please indicate any months that a member of your "tax family" was NOT insured. _____

Estimated Payments

Have you made any estimated tax payments throughout the tax year? _____

If so, please provide amounts and dates paid:

\$ _____ Date: _____ \$ _____ Date: _____

\$ _____ Date: _____ \$ _____ Date: _____

Do you require estimated tax payment vouchers for the upcoming tax year? _____



Additional Information, Questions and/or Concerns:

This Section Applicable to Small Business Only for Schedule C

(NOT FOR CORPORATE USE)

You may be required to fill out an additional business application based on the information provided below.

Please submit all required income and expense statements for your business and/or Bank Statements, Receipts, Invoices, etc.

Filing Status (Please circle one): <u>Self-Employed</u> <u>Sole Proprietor</u> <u>LLC</u>
FEIN #: _____ Business Name (if any): _____
Business Address: _____
Industry: _____ # Employees (W-2): _____ # Contractors (1099-MISC): _____

Do you use any vehicles for business? _____ Make: _____ Model: _____ Year: _____
Do you keep proper mileage logs? _____ Business Miles: _____ Commute: _____ Personal: _____
Do you have any large purchases to be capitalized? _____ Do you own or lease equipment for business? _____
If YES, please provide a separate list all assets.



Do you have any questions or concerns regarding this year or a previous year tax return?

By signing below, I acknowledge that I have provided Business and Finance Visionary Solutions (BFVS Taxes) with accurate information to the best of my knowledge, and that I have carefully read, reviewed and agree with the "Income Tax Preparation Engagement Letter" Terms and Conditions.

Taxpayer:
(Printed Name): _____ Signature: _____ Date: _____

Taxpayer Spouse:
(Printed Name): _____ Signature: _____ Date: _____