



Aisha's Mobile Notary
Your *Signature* is Everything



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Documents

Deductions

TAX LAW

U.S. Service
2020 OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Married filing jointly **M married filing separately (MFS)** **Head of household (HOH)** **Qualifying widow(er) (QW)**

Enter the name of your spouse, if you checked the HOH or QW box, enter the child's name if the qualifying dependent

Last name		Apt. no.		Your social security number	
Last name		ZIP code		Spouse's social security number	
State		Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign province/state/country		Foreign address, also complete spaces below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Spouse: Was born before January 2, 1956 Is blind

Child tax credit: (4) if qualifies for (see instructions):
1
2b
3b
4b



Corporate Office:
1901 Harrison St. Ste 1100 Oakland, CA94612

Alameda Office:
1101 Marina Village Pkwy St. Ste 201 Alameda, CA94501

Concord Office:
1320 Willow Pass Rd Ste 659 Concord, CA 94520

Website: www.AishasMobileNotary.com
Email: TaxPreparations@aishasmobilenotary.com
Phone number: 510-295-7428 text/call

We would like to thank you for choosing **Aisha's Mobile Notary LLC DBA Aisha's Mobile Notary & Tax Pros** for your tax preparation needs. The following is a client packet to help us better understand your tax situation and **must be filled out before we can begin the tax filing process**. Please, fill out as completely and accurately as possible and answer all questions that pertain to you. Some pages do require signatures from the taxpayer or spouse or both and the date signed. If you have any questions about the client packet, please contact us.

Please be advised text messaging rates may apply according to your service provider.

If you would like your Tax Professional to communicate with your about your appointments and tax needs via text, please check yes or no below. Text messages are for Tax Preparations only. Thank you!

Receive Text?	Yes	No
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It is vital to provide an email address for both taxpayer and spouse this way both will be sent notifications and updates about your return, and to be able to sign the tax return on the tax portal.

Thank You,

Aisha's Mobile Notary LLC

DbA Aisha's Mobile Notary & Tax Pro's



INDIVIDUAL TAX QUESTIONNAIRE

The questionnaire is needed **before** we are able to start your tax return. **Please check the appropriate box and include all necessary details and documentation.**

TAX PAYER

Full Name:	
Birthdate:	Social Security Number:
Cell Number:	Home Phone:
Email address:	Occupation:

SPOUSE

Full Name:	
Birthdate:	Social Security Number:
Cell Number	Home Phone
Email address:	Occupation:

PRIMARY ADDRESS

Street Address:			City/State/Zip:	
Do you?		Rent		Own

GENERAL INFORMATION

Marital Status at the end of the Tax Year?									
<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced		
If Married, did you live apart from your spouse for the last 6 months of the tax year?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can anyone else claim you as a dependent on their tax returns?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you have health insurance through the Marketplace?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, Form 1095 A required									

GENERAL DEPENDENT INFORMATION

Are you claiming a child between 19 and 23 years of age, who was a student for more than five calendar months of the tax year? Please list the school and months attended.
Who provided childcare while you worked?
Are you claiming a child who lived with any other adult relative for more than half the tax year? List each relative, their relationship to the child and their income for the last tax year.

DEPENDENT 1 INFORMATION

Full Name:				
Date of Birth:		Social Security Number:		
Relationship to Dependent:		Months in home:		
Did you provide over half of the financial support for this dependent?		<input type="checkbox"/>	Yes	No
Can anyone other than you qualify to claim this dependent?		<input type="checkbox"/>	Yes	No
If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?				

DEPENDENT 2 INFORMATION

Full Name:				
Date of Birth:		Social Security Number:		
Relationship to Dependent:		Months in home:		
Did you provide over half of the financial support for this dependent?		<input type="checkbox"/>	Yes	No
Can anyone other than you qualify to claim this dependent?		<input type="checkbox"/>	Yes	No
If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?				

DEPENDENT 3 INFORMATION

Full Name:				
Date of Birth:		Social Security Number:		
Relationship to Dependent:		Months in home:		
Did you provide over half of the financial support for this dependent?		<input type="checkbox"/>	Yes	No
Can anyone other than you qualify to claim this dependent?		<input type="checkbox"/>	Yes	No
If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?				

CRYPTO CURRENCY AND FOREIGN INCOME

Did you buy, sell or invest in any Crypto Currency?		<input type="checkbox"/>	Yes	No
Did you have foreign income or signature authority on a foreign account?		<input type="checkbox"/>	Yes	No
Did you have foreign accounts or investments which had an aggregate value of over \$10,000?		<input type="checkbox"/>	Yes	No
Do you have any foreign accounts where the aggregate value was higher than \$50,000 on the last day of the tax year OR the aggregate value exceeded \$75,000 at any point in the tax year?		<input type="checkbox"/>	Yes	No

SOURCE OF INCOME

Please check all your sources of income:

	Wages (W2)		Interest (1099 INT)		Dividends (1099 DIV)
	Stocks/Asset Sales (1099 B)		Partnership and S Corporation (K1 Forms)		Rental Income
	Canceled Debt		Gambling(Win/Loss Statement)		Alimony Received (Provide Divorce Decree)
	Farming (Profit and Loss & Balance Sheet)		Taxable offset of state and local taxes		1099-NEC OR 1099-MISC
	Self Employment (Profit and Loss & Balance Sheet)		Distribution from Retirement Accounts (1099 R)		1099 G UNEMPLOYMENT
	Other: _____		Other: _____		1099-s
	\$		\$		\$

DEDUCTIONS

Please check all your sources of deductions:

	Medical Expenses		Charitable Contributions		Property Taxes		Mortgage Interest
	Student Loan		Educator Expenses		Health Savings Acct		Retirement Accounts
	PMI		Tuition		Alimony Paid (Provide Divorce Decree, Name and Social Security Number of Recipient)		

DIRECT DEPOSIT

If you are entitled a refund, would you like direct deposit?		Yes		No
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If YES, please answer the following:

Name of Financial Institution			
Routing Number		Account Number	

DIRECT DEBIT

Would you like taxes paid to be through direct debit?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
For?	<input type="checkbox"/>	Federal	<input type="checkbox"/>	State			
Name of Financial Institution							
Routing Number		<input type="text"/>		Account Number		<input type="text"/>	
What date do you want to pay Federal (can't be later than 4/15)?							
What date do you want to pay State (can't be later than 4/15)?							

TAX RETURN COPY CHOICES

Do you want a physical copy of your tax return?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, how would you like to get your physical copy of the return?							
<input type="checkbox"/>	Mail	<input type="checkbox"/>	Pick up at Office ((If you want this option, we will send you a link when it is ready to schedule the pick-up time)				



DUE DILIGENCE ORGANIZER

The organizer is needed before we are able to start your tax return. Please check the appropriate box and include all necessary details and documentation.

ALL TAXPAYER WITH DEPENDENTS

Are you Married?		Yes		No
Have you ever been disallowed the Earned Income Tax Credit, the Additional Child Tax Credit, or the Child Tax Credit?		Yes		No
If so, when?				
Did you live in the United States all year?		Yes		No
If you are a single parent, where is the other parents of your child/children?				
What is the name of the other parent(s)				
Why is the other parent not claiming the child?				
Explain why the dependents have a different last name than the taxpayer				
If you are divorced or separated, when did you last live in the same home?				
Who is the residential parent of your child/children?				
How long did the child live in your home during the tax year? (in months)				
How long did your child/children live in the other parent's home during the tax year? (in months)				
How much income did the other parent provide during the tax year?				
Do you have a signed Form 8332 granting the right to claim the child/children from the residential parent?		Yes		No
Did anyone else live in the home that provides financial support for your child/children?		Yes		No
If yes, what is their name and how much do they pay?				
Do you have full custody of your child/children?		Yes		No
Is this your biological dependent?		Yes		No

How old were you when your oldest child that is listed on your tax return was born?				
If you were under the age of 18, explain circumstances and who/how the child was cared for until the taxpayer was old enough to support and care for their own child?				
Can you or could anyone else be eligible to claim this dependent on their tax return?		Yes		No
Is your dependent married?		Yes		No
If you live alone, who babysits while you work? (For children 12 and under)				
Did you receive any type of supplemental, nontaxable income such as child support, welfare benefits, social security, etc?		Yes		No
If so, how much and what kind?				

NOT YOUR BIOLOGICAL CHILD

If this is not your biological child, what is your relationship to this dependent?				
Did the dependent live in your home for more than 6 months?		Yes		No
Do you have custody?		Yes		No
If so, through what court or agency?				
Who are the biological parents?				
Where do the biological parents live?				
What are the circumstances leading to the dependents being placed in your home?				
Do you receive any financial aid for the child/children such as WIC, Medicaid, SNAP? If so, which ones?				
Are you listed as the guardian for the dependent(s) on school records, medical records, daycare records, or place of worship?		Yes		No

COLLEGE CREDITS

Name of the Student(s):				
Name of the College Attended:				
Did all students attend at least half time?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are they seeking a degree?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did this student receive a tuition statement from the school?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
How much money was spent on other books or materials in relation to college?				
Did the student/students work during school?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If so, how much did they earn?				
How many tax years have you claimed the American Opportunity Tax Credit?				
Was the student ever convicted with drug related felonies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

DISABLED DEPENDENTS AT ANY AGE

If your child is over the age of 18 and disabled, what is the nature of the disability?				
Has the child been declared disabled by a physician?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If so, can you provide documentation if asked by the IRS?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does this dependent receive social security/disability benefits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If so, how much do they receive?				
Are you listed as the Social Security Representative payee for this dependent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is this dependent expected to recover in the next year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If this is not your biological child, why is this child living with you?				
Where are the biological parents of your disabled dependents?				
Who cares for your disabled dependent while you are away or working?				
Can you, the taxpayer, provide school/medical/daycare/place of worship/birth certificates upon request from the government?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

FILING STATUS

What filing status do you usually file on your taxes?			
<input type="checkbox"/>	Single	<input type="checkbox"/>	Married Filing Joint
<input type="checkbox"/>	Married filing Separate	<input type="checkbox"/>	Head of Household
Are there other people living in the home not reported on the tax return? If so, what are their names and how much do they earn?			
Is/Are these people listed above related to your dependents? What is their relationship to the dependents?			
Why is the above named relative not claiming the dependents on their tax return?			

HEAD OF HOUSEHOLD

What is your total monthly income including wages, child support and other nontaxable income?	\$
How much did you pay in property taxes? (monthly)	\$
How much did you pay for rent? (monthly)	\$
How much did you pay in mortgage interest? (monthly)	\$
How much did you pay for utilities? (monthly)	\$
How much did you pay for upkeep and repairs? (monthly)	\$
How much did you pay for renters or property insurance? (monthly)	\$
How much were your food costs? (monthly)	\$
How much were your other household expenses? (monthly)	\$
Were there any of the expenses listed above that you did not pay half of the total cost for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which ones?	



20__ TAX ENGAGEMENT LETTER

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your 20__ federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your returns are audited, you will be responsible for verifying the items reported.
- The tax return preparation fee does not include bookkeeping.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance.
- The engagement to prepare your 2022 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

- You should keep a copy of your tax return and any related tax documents. You will be assessed a fee if you request a copy in the future.

Taxpayer Signature	Spouse Signature	Date
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Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, work-sheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.

Last 4 of SSN	
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