



Wellspring Tax Service

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Client Info Sheet

2021 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
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 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 a 3rd COVID STIMULUS CHECK? Yes or No Amount of check: _____

Did you receive Advanced Child Tax Payments starting in July? Yes or No **Have you received Form 6419 from the IRS? Yes or NO**

Were you legally married at the end of 2021?	Yes	No
If yes, did you live with your spouse after 7/1/21?	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
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: _____