

Wellspring Tax Service

Client Info Sheet 2022 Tax Year

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740.401.0829 ~ wellspringtaxservice@gmail.com

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: _____

NEW CLIENT—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 purchase an electric vehicle in 2022?

Yes No

Were you legally married at the end of 2022?

Yes No

If yes, did you live with your spouse after 7/1/22?

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: _____