



Dear **all** taxpayer(s),

We are excited to announce our new process to get your completed returns to you faster! We now will send all signature pages via our Electronic Signature platform, and upload all completed tax return documents to your secure portal for you to download and review. Which means no more waiting on the mail, and no need to print anything out or mail anything back -- you can even sign your signature pages via your phone or computer! **So be sure to provide an email address for all those who need to sign for your return.**

It is **imperative** that you complete this form and return it to us. **Without this form, we will be unable to prepare your tax return.** If you have any questions or concerns, please contact our office using the above contact information.

Thank you,
Cornerstone Accounting Solutions

TAXPAYER INFORMATION

New Client?

Filing Status (check one):

Name: _____

SSN: _____ - _____ - _____

Date of birth: ____ / ____ / ____

Email Address: _____

Best phone number: ____ / ____ / ____

Secondary phone number: ____ / ____ / ____

Home address: _____

Preferred contact method:

Spouse Information (if applicable):

Name: _____

SSN: _____ - _____ - _____

Date of birth: ____ / ____ / ____

Email Address: _____

Best phone number: ____ / ____ / ____

Secondary phone number: ____ / ____ / ____

Home address: _____

Preferred contact method:

Change in marital status in 2022?

_____ | Date of Change: ____ / ____ / ____

Healthcare: Do you or your spouse receive government funded health insurance?

**Note: 1095-B and 1095-C not required for filing.*



DEPENDENT INFORMATION (IF NOT APPLICABLE, MOVE TO NEXT PAGE)

> **New Clients:** *If you have more than two dependents, please record the below information on a separate piece of paper and include it with this form.*

Dependent #1: *Dependent's name:* _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____ / ____ / ____ *Dependent's relationship to you:* _____

Dependent #2: *Dependent's name:* _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____ / ____ / ____ *Dependent's relationship to you:* _____

> **Current Clients: Change in dependents you are claiming in 2022?**

Welcomed a new child:

Child's name: _____ *Child's SSN:* _____ - _____ - _____
Child's relationship to you: _____ *Child's DOB:* ____ / ____ / ____
Could another taxpayer qualify to claim this dependent?

Previous dependent no longer being claimed:

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's reason for no longer being claimed: _____

New dependent (i.e., if you are claiming a parent/grandchild/etc as a dependent):

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____ / ____ / ____ *Dependent's relationship to you:* _____
Could another taxpayer qualify to claim this dependent?

Claiming a shared dependent (e.g. dependents whose guardians share custody and switch off claiming):

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____ / ____ / ____ *Dependent's relationship to you:* _____

If yes, Form 8332 must be provided and signed by the other party.



DEPENDENT EXPENSES (IF NOT APPLICABLE, MOVE TO NEXT SECTION)

If your dependent attended **daycare** in 2022: Name of Daycare: _____

Daycare address: _____

EIN or SSN: _____ | Expenses paid: _____

If your dependent attended **college** in 2022: Name of College: _____

Did you/your dependent receive Form 1098-T?

*If yes, Form 1098-T is **required** for tax filing, please provide to Cornerstone.
If no, please contact the Bursar's Office at your dependent's college to receive this form.*

Did you/your dependent use 529 money?

ESTIMATED PAYMENT INFORMATION

Estimated Payment Information: *If you owed a balance to the IRS and/or state government(s) on your previous tax return, you may have been advised to make quarterly tax payments for the current tax year, **record those payments below.** If you did not owe the IRS or state government(s) in the previous tax year, continue to the next section*

Federal (IRS): *Click here if you only owe state*
Click here if you owed federal, but did not make estimated payments

| | | | |
|--|--|--|--|
| <u>1st Quarter:</u> Amount paid: _____ Date paid: _____ | <u>2nd Quarter:</u> Amount paid: _____ Date paid: _____ | <u>3rd Quarter:</u> Amount paid: _____ Date paid: _____ | <u>4th Quarter:</u> Amount paid: _____ Date paid: _____ |
|--|--|--|--|

State (include state name): _____ *Click here if you only owed federal*
Click here if you owed state but did not make estimated payments

| | | | |
|--|--|--|--|
| <u>1st Quarter:</u> Amount paid: _____ Date paid: _____ | <u>2nd Quarter:</u> Amount paid: _____ Date paid: _____ | <u>3rd Quarter:</u> Amount paid: _____ Date paid: _____ | <u>4th Quarter:</u> Amount paid: _____ Date paid: _____ |
|--|--|--|--|

****If you owed estimated payments to more than one state, record the above information for any additional state(s) on a separate sheet of paper and include with this form.**



Phone: 443-328-6609 | Email: taxfile@casacct.com
174 Klee Mill Road
Sykesville, MD 21784

ADDITIONAL INFORMATION

If you have any other information you feel will be pertinent to your tax return, please record that information below.

We will send everything to you electronically unless you tell us otherwise here:

I would prefer to pick up my return in person

I would prefer to have my return mailed to me (\$10 mail fee will apply)