

Office Use Only- Intake Date: ____/____/2021 By: _____
 Scanned Date : ____/____/2021 By: _____
 Preparer: _____
 Review Date: ____/____/2021 By: _____
 Print Date : ____/____/2021 Collated By: _____
 __Spring Hill __Brooksville __St Augustine __Inverness



2020

CLIENT ORGANIZER FOR EXISTING CLIENT

1. Taxpayer Name _____ (First Middle Initial Last)

2. Joint Taxpayer _____ (First Middle Initial Last)

Phone _____ Cell _____

Email _____ Would you like to receive our weekly newsletter? Yes No

Has your address changed? Yes No (If Yes, list changes) _____

Have your dependents changed from last year? Yes No (If Yes, list changes on back)

ESTIMATED TAX PAYMENTS MADE? YES NO (IF YES PROVIDE FOLLOWING.)

QRTR1 Date Paid { _____ } Amount Paid { _____ }

QRTR2 Date Paid { _____ } Amount Paid { _____ }

QRTR3 Date Paid { _____ } Amount Paid { _____ }

QRTR4 Date Paid { _____ } Amount Paid { _____ }

Other payments applied from previous refund (if any)? _____

*****Was anyone named on this tax return covered by Healthcare Marketplace Insurance for 2020? Yes No Partial (MUST PROVIDE 1095-A)**

DID YOU RECEIVE PPP LOANS OR PAYMENTS? Yes No

Do you file state Return? Yes No If Yes Which State(s) _____

At any time during the tax year did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Are you Self-Employed Yes No **IF YES-CIRCLE ONE: Sole Proprietor LLC S-Corp C-Corp**

Are you a bookkeeping client currently, or in need of bookkeeping services this year? Yes No

Are you interested in more information about our Wealth Management services? Yes No

If Refund, is Direct Deposit information the same as last year? Yes No IF NO Please provide voided check

DID YOU RECEIVE STIMULUS CHECK(S)? Yes No If Yes how much?

1. (Received in April/May 2020) A. \$ _____ B. \$ _____

2. (Received Dec 2020/January 2021) A. \$ _____ B. \$ _____

EXACT amount must be provided or we cannot file your tax return

PLEASE READ CAREFULLY: Information and Waiver Regarding COVID-19 Relief Payments By your initials below, you recognize that your tax preparer is relying solely on your representations regarding the amount of COVID-19 relief payments you received from the Federal Government. The accuracy of this information is CRITICAL to preparing your return fully and correctly. By signing below, you are stating that the information you have provided regarding these COVID-19 relief payments is true and accurate and, as such, you waive any claims against AETFS and your individual tax preparer if the information provided is inaccurate. Should you need additional tax preparer assistance in correcting an issue caused by incorrect information provided during your session, AETFS will require an additional \$50 payment (for the first hour) followed by \$50/hour thereafter. **INITIAL HERE** _____

ADDITIONAL NOTES:

Securities offered through J.W. Cole Financial, Inc. (JWC) Member FINRA/SIPC. Advisory Services offered through J.W. Cole Advisors (JWCA). American Executive Tax & Financial Services and JWC/JWCA are not affiliated entities. Neither JWC/JWCA nor its representatives provide legal, tax preparation or accounting advice. Persons who provide such advice do so in a capacity other than as a representative of JWC/JWCA.