

2021 TAX PREPARATION

CLIENT INFORMATION

1. Full Name as stated on your Social Security Card
(Nombre completo como se indica en su tarjeta de seguro social)

First Name(*Primer Nombre*) _____ Last Name(*Apellido*) _____
 SS# _____

(PLEASE ENTER SPOUSE INFO ONLY IF YOU ARE FILING MARRIED JOINTLY OR SEPARATELY BELOW)
(SOLO SI PRESENTA LA DECLARACION CASADO O POR SEPARADO A CONTINUACION)

First Name(*Primer Nombre*) _____ Last Name(*Apellido*) _____
 SS# _____

2. Current Address(*Direccion*)

Street(*Calle*) _____

City/Zip(*Ciudad/Codigo Postal*) _____

3. Telephone number (*Numero de Telefono*) _____ Cell (*Numero de Celular*) _____

4. How are you filing? (*Como presenta sus impuestos*)

- Single (*Soltera/Soltero*)
- Head of Household (*Jefe/Jefa de Hogar*)
- Married Filing Jointly (*Casado declarado en conjunto*)
- Married Filing Separately (*Casado declarado por separado*)

5. Date of Birth _____
(Fecha de Nacimiento)

Spouse Date of Birth: _____
(Fecha de Nacimiento de Conyuge)

6. Lists all Dependents (*exactly shown on social security card*)
Enumere todos Dependientes (como se indica en su tarjeta de seguro social)

First Name(*Primer Nombre*) _____
 Date of Birth(*Fecha de Nacimiento*) _____
 SS# _____

Last(*Apellido*) _____
 Disabled
 Full Time Student
 College

First Name(*Primer Nombre*) _____
 Date of Birth(*Fecha de Nacimiento*) _____
 SS# _____

Last(*Apellido*) _____
 Disabled
 Full Time Student
 College

First Name(*Primer Nombre*) _____
 Date of Birth(*Fecha de Nacimiento*) _____
 SS# _____

Last(*Apellido*) _____
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First Name(*Primer Nombre*) _____
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 College

TURNAROUND REFUND
117 BYNUM
SAN ANTONIO, TEXAS 78211
(210) 231-0645 OFFICE
(210) 231-0648 FAX

MUST HAVE THE FOLLOWING DOCUMENTS (DEBE TENER LOS SIGUIENTES DOCUMENTOS)

Valid Texas ID or Driver's License (*Identificacion Estatal valida o Licencia de Conducir*)

Social Security Card (*Tarjeta de Seguridad Social*)

Valid Passport if NO Texas ID or DL (*Pasaporte valido si NO tiene Identificacion Estatal valida o Licencia de Conducir*)

Please provide these additional documents if you are listing dependents on your return

(Por favor proporcione estos documentos adicionales si esta enumerando dependientes en sus impuestos)

Social Security Card (*Tarjeta de Seguridad Social*)

Birth Certificate (*Certificado de Nacimiento*)

Shot Record (*Registros de Tiro*)

School Record or Statement (*Registros Escolares o Declaracion*)

Medicaid or Snap Award Letter (*Carta de Adjudicacion de Medicaid o de Cupones De Alimentos*)

COURT DOCS if you have custody, legal guardianship and/or fostering

(Documentos de la corte si tienes custodia, eres tutor/tutora legal o estas fomentando)

How did you hear about us? _____

(Como te enteraste de nosotros?)

Please provide all the information listed below in order to complete your tax return.

Is the taxpayer or spouse (if filing jointly) delinquent on any student loans?

(Es el contribuyente o conyuge si presenta una declaracion conjunta delictiva sobre cual quier prestamo estudiantil?)

YES/Si

NO

Do you or spouse (if filing jointly) owe child support?

(Usted o su conyuge, si presentan una declaracion conjunta, deben mantencion de los hijos?)

YES/Si

NO

Do you or spouse (if filing jointly) owe any back taxes?

(Usted o su conyuge, si presentan una declaracion conjunta, deben impuestos atrasados?)

YES/Si

NO

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Please check all that apply to your 2021 Tax Filing

(Marque todo lo que se aplique a su declaracion de impuestos de 2021)

Returning Client (Cliente que regresa)	<input type="checkbox"/>
New Client (<i>Nuevo Cliente</i>)	<input type="checkbox"/>
Health Insurance for 2021 (<i>Seguro Medico en 2021</i>)	<input type="checkbox"/>
Same Employer from 2021 (<i>Mismo Empleador de 2021</i>)	<input type="checkbox"/>
New Employer (<i>Nuevo Empleador</i>)	<input type="checkbox"/>
New Dependents (<i>Nuevos Dependientes</i>)	<input type="checkbox"/>
Same Direct Deposit from 2021 (<i>Mismo Deposito Directo de 2021</i>)	<input type="checkbox"/>

EMAIL ADDRESS (*Direccion de Correo Electronico*)

Did you receive unemployment in 2021? (*Recibio el desempleo en 2021*)

If yes, we are needing your Form 1099 G (*Si es asi, necesitamos su Formulario 1099 G*)

Did you receive the 3rd Stimulus Check? (*Recibio el tercer control de estimulo?*)

If yes, we are needing your Letter 6475 (*En caso afirmativo, necesitamos su carta 6475*)

Did you receive any Advanced Child Tax Credit payments in 2021?

(*Recibio pagos por adelantado del Credito tributario por hijos en 2021?*)

If yes, we are needing your Letter 6419 (*Si es asi, necesitamos su carta 6419*)

I acknowledge to the best of my ability that all the information I have provided to Turnaround Refund is true and correct.

I understand that Turnaround Refund is NOT responsible for any actions of the Internal Revenue Service and/or any financial institution **that may delay or withhold any part of my refund due to prior delinquencies on my behalf.**

I further acknowledge and understand that by choosing to file electronically,

Turnaround Refund will deduct any filing fees from my full refund amount as stated on my tax return.

Taxpayer #1 Signature
(Firma del Contribuyente #1)

Taxpayer #2 Signature
(Firma del Contribuyente #2)