

SCHOPPE'S Tax Service, Inc.

508 W TYSON AVE
CAMERON TX 76520

2016 "Returning" TAX CLIENT INFORMATION FORM

Personal Information:

Taxpayer Name: _____ Spouses Name: _____
(Name listed on Social Security Card)

Address: _____

Home Phone: _____ Cell Phone: _____ Business: _____

E-Mail: _____

Are there any changes to the filing status or dependents claimed on your last year's income tax return?

Yes () No () If yes, what has changed? _____

Foreign Account Questions for Tax Return

Did you or your spouse have interest in or signature over a FOREIGN FINANCIAL ACCOUNT?

Yes () No ()

Did you receive a distribution from or were grantor of, or transferor to, a FOREIGN TRUST?

Yes () No ()

Business Mileage Information: (Complete only if this pertains to your tax return)

If you are claiming a vehicle expense deduction on Schedule C (Sole Proprietor Business), Schedule E (Rental Income) or on Schedule F (Farm Income and expenses), we need the following information.

Vehicle Description: _____

Date placed in service: _____

Business Miles Driven: _____

Personal Miles Driven: _____

Commuting Miles: _____

I certify that I have mileage logs for the above business use vehicle listed. () Yes () No
(If you do not have mileage records to support your mileage listed, you MAY NOT claim any vehicle expense on your return.)

Signature: _____ Date: _____

Payment for services is expected at the time your tax return is picked up.
THANK YOU FOR CHOOSING OUR FIRM FOR YOUR PROFESSIONAL TAX NEEDS