



# PERSONAL INFO FOR 2021 TAX RETURNS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ New Client: Y or N

**Taxpayer:** \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Fax # \_\_\_\_\_ Email: \_\_\_\_\_

**Spouse:** \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Number of **Dependents:** \_\_\_\_\_ (List on Back) Total Number in **Household:** \_\_\_\_\_

**Filing Status:** S, HOH, MFJ, MFS Claimed by Parent(s): \_\_\_\_\_

1) Tax Prep Prepayment / Retainer: Type \_\_\_\_\_ & Amount \$ \_\_\_\_\_

2) Any Foreign Assets OR Income: Y or N

3) Did you sell, send, exchange, or otherwise acquire Virtual Currency: Y or N

4) Amount received for 3<sup>rd</sup> Stimulus \$ \_\_\_\_\_

5) Receiving Child Tax Advanced Payments: Y or N

6) Education Expenses or Education Loan Payments: Y or N

7) Dependent Daycare Expense(s): Y or N

8) CASH Contributions to a Qualified Charitable Organization: Y or N

9) Any SBA Loans, Grants, Payroll Protection (PPP) received: Y or N

10) Do you have Sch C, Sch F, LLC Business Assets: Y or N

IF YES: Is Rendition Form from County Appraisal District Enclosed: Y or N

## **REFUND or PAYMENT OPTIONS – Electronic Recommended**

Check in the Mail **OR** Direct Deposit/Draft: Checking **OR** Savings (Circle One)

Name of Bank \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_



**VINNY LEWIS' BUSINESS SOLUTIONS**  
1301 Holliday St. Wichita Falls, TX 76301 (940)767-5234



Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

ADDITIONAL INFORMATION / NOTES:

---

---

---

---

---

---

---

---

---

---



**VINNY LEWIS' BUSINESS SOLUTIONS**  
 1301 Holliday St. Wichita Falls, TX 76301 (940)767-5234



Client's Name(s): \_\_\_\_\_

Full Address: \_\_\_\_\_

Dear Taxpayer,

Thank you for choosing our firm to prepare your income tax returns for tax year 2021. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2021 based on information you provide. We will exercise the utmost care in utilizing the tax code available to prepare a true and accurate tax return based on the information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2021, and to respond to our inquiries in a timely manner so that we can accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts, cancelled checks and any other substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your tax returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. It is also your responsibility to return all signed and dated documents in a timely manner as to ensure your returns are submitted by the due dates.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation of the tax return. There will be an additional fee of \$25 for any returned checks.

If something were to happen to make you (and your spouse, if applicable) to become physically or mentally unable to complete your duties as described above, who may we contact to aide in the completion of this return? (Please print)

**Emergency Contact Person:** (NOT Taxpayer or Spouse) \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship to Taxpayer \_\_\_\_\_

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign, date and return it to us. Thank you again for choosing our firm to prepare your 2021 tax return. We appreciate your business.

Sincerely,

\_\_\_\_\_  
 Vinny Lewis' Business Solutions

Accepted by:

\_\_\_\_\_  
 (Taxpayer's printed name)

\_\_\_\_\_  
 (Taxpayer's signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Spouse's printed name)

\_\_\_\_\_  
 (Spouse's signature)

\_\_\_\_\_  
 Date



# REPRESENTATION REASSURANCE OPTION

*Please review and indicate which option you prefer:*

**YES**, I do elect to have the optional charge added to my tax preparation fee total for representation services for 2021 tax year. This one-time annual charge of \$30.00 will cover any representation services (excluding audits) I may require with the IRS for my 2021 taxes prepared by Vinny Lewis' Business Solutions.

---

Print Name	Taxpayer's Signature	Date
------------	----------------------	------

---

Print Name	Spouse's Signature	Date
------------	--------------------	------

---

Preparer's Initials	Date
---------------------	------

**NO**, I choose to decline the annual representation fee. I understand that any representation services needed for my 2021 tax return will incur Vinny Lewis' Business Solutions standard hourly rate of \$95.00/hr which I will be responsible for.

---

Print Name	Taxpayer's Signature	Date
------------	----------------------	------

---

Print Name	Spouse's Signature	Date
------------	--------------------	------

---

Preparer's Initials	Date
---------------------	------