

Date: \_\_\_\_\_

**Type of Filing**

7-10 Business Days: \_\_\_\_\_ Regular You Mail: \_\_\_\_\_ Regular Electronic: \_\_\_\_\_

**Payment for tax preparations:**

Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Take out of refund if any: \_\_\_\_\_ If chosen answer one question below

- 1. Mothers Maiden Name
- 2. First Pets name
- 3. What high school did you attend?
- 4.) Name of oldest Child
- 5.) What is your fathers Middle Name

Answer \_\_\_\_\_

**Filing Status**

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Head of household: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Has your name changed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name before: \_\_\_\_\_

**Dependents:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Relationship: \_\_\_\_\_ Months at home: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Relationship: \_\_\_\_\_ Months at home: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Relationship: \_\_\_\_\_ Months at home: \_\_\_\_\_

Would you like us to quote you on insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Who is your current insurance provider? \_\_\_\_\_



Clients Copy of Return

How would you like your copy of your return? Please check Below

Paper copy \_\_\_\_\_

PDF \_\_\_\_\_

For PDF: email address \_\_\_\_\_

PDF Release

By agreeing to accept required tax-related documents electronically, you also agree that: 1. Your computer system meets the hardware and software requirements stated below under "System Requirements"; and 2. You will promptly notify Bell Mutual of any change in your e-mail address.

Consent to Paperless Delivery of Tax-Related Documents

By signing below on the "I have read the Consent and consent to paperless delivery", you acknowledge that you have read and understand this Consent, and that you affirmatively consent to receive and acknowledge that you can access, receive, print and retain your tax-related documents (including IRS Form 1099) electronically. You agree that such information may be communicated online by posting notices, disclosures and other communications on our website or by sending such information to you by e-mail. Your consent to receive tax-related documents electronically will be effective until withdrawn (see "Withdrawal of Consent"). If you do not specifically consent to the electronic delivery of tax-related documents by signing below, you will continue to receive paper copies of all required tax-related documents.

Agreement

You understand and intend that your signing on the "I have read the Consent and consent to paperless delivery" and you acknowledge that you have read the Consent Tax-related documents will remain available electronically for at least one year after the date the document is first made available to you electronically.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Recovery Rebate Credit Information

What is the amount of the third economic impact payment (Stimulus Check) your household received?

Total Amount; if not received please write N/A: \_\_\_\_\_

### Eligibility

had adjusted gross income (AGI) that is not more than:

\$150,000 if married and filing a joint return or if filing as a qualifying widow or widower

\$112,500 if filing as head of household or

\$75,000 for any other filing status

**Payments were phased out – or reduced – above those AGI amounts. This means people will not receive a payment if their AGI is at least:**

### Amounts

\$1,400 for an eligible individual with a valid Social Security number (\$2,800 for married couples filing a joint return if both spouses have a valid Social Security number or if one spouse has a valid Social Security number and one spouse was an active member of the U.S. Armed Forces at any time during the taxable year)

\$1,400 for each qualifying dependent with a valid Social Security number or Adoption Taxpayer Identification Number issued by the IRS

*315 Prime Point  
Peachtree City, GA 30269  
770.631.1290*



## Advanced Child Tax Credit

Did you receive the Advanced Child Tax Credit in 2021? Please check yes or no

Yes \_\_\_\_\_

No \_\_\_\_\_

If you checked yes please enter below the amount for the year of 2021 that you have received

Amount \$ \_\_\_\_\_



## 2021 Tax Refund Direct Deposit Authorization Form

I, \_\_\_\_\_, here by authorize Bell Mutual Financial Services to setup my federal &/or state tax refund(s) for direct deposit in the bank account listed below:

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

Acct Type: \_\_\_\_\_

Routing #: \_\_\_\_\_

Acct #: \_\_\_\_\_

Please attach a blank copy of a check or voided check.

Thank you.

By signing and dating this document you are authorizing Bell Mutual Financial Services to make deposits into your account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## 2021 PERSONAL TAX SERVICES ENGAGEMENT LETTER

This letter is to confirm our understanding of the terms and objective of our tax services engagement and to clarify the nature and limitation of the tax services to be provided.

We will prepare your returns from information which you furnish to us. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge. We will not verify the information you give us; however, we may ask for additional clarification of some information. You have the final responsibility for the income tax returns and therefore, you should review them carefully before you sign the returns or the e-file transmittals.

As you know, your returns are subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deductions shown on your tax returns. The law provides a penalty to be imposed upon the taxpayer where there is a substantial understatement of tax liability. If you would like information on the amount or circumstances of the penalty, please let us know.

We will use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible. If during your work, we discover information that affects our prior year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue.

All invoices are due and payable upon receipt. Tax returns will not be filed or released to you until our fees for the return have been paid.

Please indicate your acceptance of the above understanding by signing below.

Accepted by \_\_\_\_\_

Date: \_\_\_\_\_