



..... CERTIFIED PUBLIC ACCOUNTANT .....

CATHERINE L. OZMENT, CPA PLLC  
3402 JOHN STOCKBAUER DR  
VICTORIA, TEXAS 77901  
361-578-7333

### 2020 Client Information Form

- Existing Client
- New Client
- I am 65 or older
- I am active duty military/Veteran
- I am a First Responder

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

License# \_\_\_\_\_ SS# \_\_\_\_\_ Phone: \_\_\_\_\_

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

Spouse Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

License# \_\_\_\_\_ SS# \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Filing Status: -Married -MFS -Single -HOH -Widow

Did you have health insurance in 2019?  Yes or  No

### Dependent Information:

Dependent 1:	Dependent 2:	Dependent 3:
Full Name: _____	Full Name: _____	Full Name: _____
SSN: _____	SSN: _____	SSN: _____
DOB: _____	DOB: _____	DOB: _____
Relationship to Taxpayer: _____	Relationship to Taxpayer: _____	Relationship to Taxpayer: _____

### Audit Protection Plans

- Add Basic Audit Protection \$29
- Add Core Audit Protection \$59
- Add Premium Audit Protection \$99

\_\_\_\_\_ Initial to opt Out of Audit Protection



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**Bank Information:**

In the event of a refund:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**Estimated Tax Payments:**

Did you make ES-Payments? -Yes -No

Quarter 1: \$ \_\_\_\_\_

Quarter 2: \$ \_\_\_\_\_

Quarter 3: \$ \_\_\_\_\_

Quarter 4: \$ \_\_\_\_\_

Upon completion of my return, I give Catherine L. Ozment CPA permission to use the above listed bank account to pay for the preparation of my tax return, along with any audit protection plans I have selected. I understand that if I choose not to give permission for the direct payment via ACH, my return will not be filed until payment is received in full for services rendered.

Yes, I give permission for direct pay  No, I do not give permission for direct pay

**Fee Schedule Acknowledgement**

As of July 1, 2018, we placed into effect our new fee schedule for processing and filing of all tax returns. By signing below, you acknowledge that you have received a copy of the new fee schedule.

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

**Business Account Information**

(Skip this section if not applicable)

Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Type of Entity: - Sole Prop -LLC -S-Corp -Corp -Trust -Estate

Have you brought all 1099's issued to your business? -Yes or -No

Do you need to issue 1099's? -Yes or -No

(Payments made to anyone over the amount of \$600, except those who file taxes as a corporation, will need to be issued a Form 1099.)

I Understand that I need to include a tax organizer or a breakdown of all my business receipts and expenses.