



## Client Information Sheet

<b>Taxpayer Full Name:</b> <input style="width: 95%;" type="text"/> <b>Soc. Sec. Number:</b> <input style="width: 95%;" type="text"/> <b>Date of Birth:</b> <input style="width: 95%;" type="text"/> <b>Occupation:</b> <input style="width: 95%;" type="text"/> <b>E-mail Address:</b> <input style="width: 95%;" type="text"/> <b>Home Phone:</b> <input style="width: 95%;" type="text"/> <b>Cell Phone:</b> <input style="width: 95%;" type="text"/>	<b>Spouse's Full Name:</b> <input style="width: 95%;" type="text"/> <b>Soc. Sec. Number:</b> <input style="width: 95%;" type="text"/> <b>Date of Birth:</b> <input style="width: 95%;" type="text"/> <b>Occupation:</b> <input style="width: 95%;" type="text"/> <b>E-mail Address:</b> <input style="width: 95%;" type="text"/> <b>Home Phone:</b> <input style="width: 95%;" type="text"/> <b>Cell Phone:</b> <input style="width: 95%;" type="text"/>				
<b>Address:</b>	<input style="width: 98%;" type="text"/>				
<b>City:</b>	<input style="width: 40%;" type="text"/>	<b>State:</b>	<input style="width: 20%;" type="text"/>	<b>Zip:</b>	<input style="width: 15%;" type="text"/>
<b>Dependent Name</b> <small>(First, Middle Initial, Last)</small>	<b>Date of Birth</b>	<b>Dependent's Soc. Sec. Number</b>	<b>Relationship</b>	<b>Child Care</b>	<b>College Tuition</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Y N	Y N
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**If you are a new client, you will need to provide a copy of your 2018 tax return.**

<b>Last year, did you (or your spouse):</b>		
Have any major purchases such as a vehicle? If yes, please provide purchase agreement.		Y N
Attend school as a full-time student?		Y N
Purchase supplies used as an educator? (teacher, teacher's aide, counselor)		Y N
Have Marketplace Insurance? If yes, please provide form 1095-A.		Y N
Make any retirement contributions?		Y N
Make any estimated tax payments? If yes, provide all dates and amounts.		Y N
<b>If you are due a refund, would you like direct deposit?</b>		Y N
<input type="checkbox"/> Check Box if Direct Deposit Information is the same as last year. <input type="checkbox"/> Check Box for tax preparation fee to be drafted from same account		
Bank:	Routing #:	Account #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Please check how would like to receive your completed return. (Multiple options can be chosen.)</b>		
Pick up at the office		Emailed (Password Protected)
Client Portal		Mail
If you are a new client, who may we thank for referring you?		
<input style="width: 98%;" type="text"/>		