CLIENT INFORMATION SHEET

(MUST BE FILLED OUT COMPLETELY)

_____ Filed with our firm last year Date ______________________

_____ New Client

___________---______---____________ Taxpayer's Social Security #

___________---______---____________ Spouse's Social Security #

______________________________________ ____
Taxpayer's First Name M.I.

______________________________________ ____
Spouse's First Name M.I.

______________________________________ ____
Taxpayer's Last Name Suffix

____
Spouse's Last Name (if different)

____
Present Street Address

____
City, State, Zip Code

____
Taxpayer's E-Mail Address

____
Spouse's E-Mail Address

_______/_______/____________
Taxpayer's Date of Birth

_______/_______/____________
Spouse's Date of Birth

____
Taxpayer's Occupation

____
Spouse's Occupation

________________________________ Taxpayer's Cell Phone

________________________________ Home or Alternate Phone

________________________________ Spouse's Cell Phone

FILING STATUS

____ Single _____ Married Filing Joint _____ Married Filing Separate _____ Head of Household _____ Qualifying Widower

Are you being claimed on another person's tax return? ________Yes ________NO

DEPENDENTS

First Name	Last Name	Date of Birth	Social Security #	Relationship
__________________	__________________	_____/_____/_______	_______/_____/_________	______________________
__________________	__________________	_____/_____/_______	_______/_____/_________	______________________
__________________	__________________	_____/_____/_______	_______/_____/_________	______________________
__________________	__________________	_____/_____/_______	_______/_____/_________	______________________

DEPENDENT CARE EXPENSES

Provider'sName	Phone & Address of Provider	Federal ID#	Amount Paid
____________________	____	_________________	_____________
____________________	____	_________________	_____________
____________________	____	_________________	_____________

COLLEGE EXPENSES

Student's Name	U/G[a]	Name & Address of College	Amount Paid[b]
____________________	_____	____	_____________
____________________	_____	____	_____________
____________________	_____	____	_____________

[a]U = Undergraduate Student (First 4 years of college)

[a]G = Graduate Student (Education beyond a 4-year degree)

[b]Amount Paid includes: Tuition, Books & Fees (Do not include Room & Board)

HEALTH CARE

Did you and all members of your household have Active Health Insurance for the entire tax year? ____Yes ____No
--- If "NO" did you have coverage for any portion of the tax year? ____Yes ____No

If you purchased coverage through the Marketplace, you will receive a tax document in the mail-Form 1095-A. We need that form to complete your taxes.

If you applied and received an exemption from the Market Place then please list your certification # here. _______________

Please check here ☐ if you and the members of your household did not have Health Care and did not apply for an exemption.

ITEMIZED DEDUCTIONS

Unsure if you should take the Standard deduction?

If you had medical or dental expenses, State and Local sales tax , Real estate taxes, Personal Property taxes, interest payments, Home mortgage interest, gifts to Charity (cash, non-cash, miles,), Job expenses, Casualty and Theft, tax prep. fees or any miscellaneous deductions. Fill out the Schedule A - Itemized Deduction form. You can locate the form in the the Tax Form folder.

If your expenses are not documented, then we cannot apply them on your tax return.

DIRECT DEPOSIT/ *DEFERRED PAYMENT* INFORMATION

*If you anticipate a refund this year and would like the refund deposited into a bank account, please indicate if you would like your tax preparation fees withheld from your refund. We will need a copy of your **DL**, **Refund Direct Deposit Authorization form**, and answer to one of the **Security Questions** (located in the Please Read Important Information folder)*

____YES (Withhold from refund) *____NO (Payment required prior to return being filed)*

ACCOUNT INFORMATION

Financial Institution Name: ____

Checking ___________________________ *Saving*________________________________

Bank Routing Number: ____

Account Number: ____

The Bottom Line is we will prepare your Federal & State Individual income tax returns from information provided by you.

I certify that the information and statements provided on this form are true and correct to the best of my knowledge, and that I understand the record keeping requirements.

____

Signature Date