



CLIENT INFORMATION

TAXPAYER

Full Legal Name _____

Social Security # _____

Date of Birth _____

Check box if Legally Blind

Drivers License # _____ State: _____

Issue Date: _____ Exp. Date: _____

Occupation _____

Email Address _____

Cell Phone _____

Home Phone _____

Street Address _____

City, State, Zip _____

Filing Status: Single Married - Joint Married - Separate Head of Household

If additional information is required, please list the name of the preferred contact:

Preferred method of contact: Email Cell Phone Home Phone

SPOUSE

Full Legal Name _____

Social Security # _____

Date of Birth _____

Check box if Legally Blind

Drivers License # _____ State: _____

Issue Date: _____ Exp. Date: _____

Occupation _____

Email Address _____

Cell Phone _____

• If you will be receiving a **REFUND**:

- Would you like to apply the overpayment to the next year? Yes No
- Would you like the refund to be directly deposited into a bank account? Yes No

If **yes**, please provide the following along with a **VOIDED CHECK**:

Routing # _____ Account # _____

Financial Institution: _____ Type of Acct: Checking Savings

• Please list the dependents who lived with you at least half of the year:

First Name, Middle Initial, Last Name:	DOB:	SSN:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are claiming a dependent that did not live with you at least half of the year, please provide a signed **Form 8332 from the custodial parent releasing the exemption to you.

- Did you or your spouse make a student loan payment(s)? Yes No
- If **yes**, is the repayment plan income based? Yes No

• Have you or your spouse made an IRA Contribution?

	<u>Contribution Amount</u>	<u>Traditional</u>	<u>ROTH</u>	<u>SEP/SIMPLE</u>
Taxpayer _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Did you or anyone in your household receive health insurance benefits from the Insurance Marketplace? (Healthcare.gov) Yes No

If **yes**, include Form 1095-A received

• Did you make estimated tax payments during the year?

Yes No

If **yes**, please list the date and amount.

	Date	Federal	State _____	State _____
1st Qtr:	_____	_____	_____	_____
2nd Qtr	_____	_____	_____	_____
3rd Qtr:	_____	_____	_____	_____
4th Qtr:	_____	_____	_____	_____

• Did you or your spouse receive unemployment benefits?

Yes No

If **yes**, include Form 1099-G received

• Did you pay county property taxes on your residence ?

Yes No

If **yes**, include the real estate tax bill.

• At any time during the year, did you receive, sell, exchange, or otherwise dispose of a digital asset (Bitcoin, Ethereum, etc.)?

Yes No

• Did you receive gambling winnings/proceeds during the tax year?

Yes No

If **yes**, include Form W-2G

Taxpayer Signature

Spouse Signature

Print Name

Print Name

Date

Date