

CLIENT STATUS: NEW EXISTING

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

How best can we communicate? *Please fill out both and mark your preferred method.*

Email: _____ Preferred Method

Phone: _____ Preferred Method

We will use your preferred contact method if we have any questions, or need additional information.

We will use your preferred method to contact you when we are ready to deliver your completed tax return.

PRIMARY TAXPAYER

DATE OF BIRTH: _____ **SSN:** _____

SPOUSE

DATE OF BIRTH: _____ **SSN:** _____

Did you make estimated tax payments to IRS or state? Yes: No:

IRS	DATE	AMOUNT

STATE	DATE	AMOUNT

Did you make any energy improvements to your primary home? Yes: No:

Do you pay for any long-term care insurance premiums? Yes: No:

Did you pay for health insurance (not through an employer)
Including through the healthcare.gov marketplace? Yes: No:

Did you have any digital currency transactions? (I.E. Bitcoin) Yes: No:

Are you 72 or older and made a qualified charitable donation your IRA? Yes: No:

Did you contribute to a 529 education savings plan? Yes: No:

Were there significant changes from previous year's tax return? Yes: No:

 New job? Yes: No:

 New address? Yes: No:

 New or removed dependent? Yes: No:

Did you receive inherited assets or property? Yes: No:

Do you anticipate receiving inherited assets or property in the next five years? Yes: No:

Do you own your own business? Yes: No:

Notes:

How would you like to receive your return?

Portal: Mail: Pickup:

Direct deposit of refunds?

Yes: No:

Did your bank account change since last year?

Yes: No: If yes or new:

Account #: _____

Routing #: _____

Date Received: _____

IF YOU'RE A NEW CLIENT, PLEASE LIST ALL DEPENDENTS.

(Please include any special information on child such as shared custody, disability, relationship, etc.)

Dependent 1

NAME: _____

DOB: _____ **SSN:** _____

NOTES:

Dependent 2

NAME: _____

DOB: _____ **SSN:** _____

NOTES:

Dependent 3

NAME: _____

DOB: _____ **SSN:** _____

NOTES:

Dependent 4

NAME: _____

DOB: _____ **SSN:** _____

NOTES:

