

CLIENT INFORMATION SHEET

MARTIAL STATUS: **SINGLE** **MARRIED**

New clients, how did you hear about us? Who referred you?

	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Can someone claim YOU as a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
2. New for 2021 Did you make CASH Charitable Donation(s) totaling \$300 or more during the year?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you LIVE in more than one state in 2021	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you receive any correspondence from the IRS or State Department of Taxation for 2020?:	<input type="checkbox"/>	<input type="checkbox"/>
5. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes, do you have FORM 1095-A? We will need it to complete your tax return</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive Unemployment Benefits?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes, do you have FORM 1099-G? We will need it to complete your tax return</i>	<input type="checkbox"/>	<input type="checkbox"/>

TAXPAYER INFORMATION **SPOUSE INFORMATION**

Name (First, Initial, Last Name)				Name (First, Initial, Last Name)			
SSN		Date of Birth		SSN		Date of Birth	
Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date
Occupation			Disabled <input type="checkbox"/>	Occupation			Disabled <input type="checkbox"/>
Cell Phone		Alternate Phone		Cell Phone		Alternate Phone	
May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>				May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>			
E-Mail Address				E-Mail Address			
Mailing Address			Apt/Lot #	City		State	Zip
Did you live at this address all year? Yes <input type="checkbox"/> No <input type="checkbox"/>				Did you pay Property Tax? Yes <input type="checkbox"/> No <input type="checkbox"/>			

DID YOU RECEIVE ANY NON-TAXABLE INCOME? MTH YR **How much per Month/Year**

STIMULUS MONEY (Taxpayer, Spouse or Child)	- First Payment (before off set)	\$ _____
	- Second Payment (before off set)	\$ _____
Child Support?	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
Alimony Paid/Received?	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
Worker's Compensation?	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
What was your PRIOR YEAR Earned Income 2020 (New Clients Only).....		\$ _____

DEPENDENT INFORMATION

First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled <input checked="" type="checkbox"/>	College Student <input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (✓All that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Wages - W2's _____ | <input type="checkbox"/> Gambling Winnings | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Sale of Virtual Currency | <input type="checkbox"/> Mortgage Payments |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Sale of Real Estate | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Self- Employment (Complete SE Form) | <input type="checkbox"/> Sale of Stocks | <input type="checkbox"/> Real Estate Taxes |
| <input type="checkbox"/> Pension & Annuities | <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Charitable Donations _____ |
| <input type="checkbox"/> Interest | <input type="checkbox"/> College Tuition | <input type="checkbox"/> Energy Efficient Purchases |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Student Loan Interest | <input type="checkbox"/> Rental Home |
| <input type="checkbox"/> Any Foreign Income/Assets - List Total Value: _____ | | <input type="checkbox"/> PPP Loan Forgiveness (Self Employed Only) |

ADDITIONAL INFORMATION NOT LISTED IN OTHER SECTIONS

MILITARY INFORMATION - TAXPAYER

Active Duty? Yes No

Please indicate Home State of Record Address

Street Address		Apt/Lot #	Address 2		
City	Zip Code	Street Address	City	Zip Code	

MILITARY INFORMATION - SPOUSE

Active Duty? Yes No

Please indicate Home State of Record Address

Street Address		Apt/Lot #	Address 2		
City	Zip Code	Street Address	City	Zip Code	

PREVIOUS ADDRESS

Did you live in a different state during 2020? Yes No

Number of months you lived there in 2020 _____		Move Date _____			
Street Address		Apt/Lot #	Address 2		
City	Zip Code	Street Address	City	Zip Code	

REFUND AND PAYMENT INFORMATION

How would you like to receive your Refund? Standard Mail Direct Deposit

If you owe IRS, State or City taxes, how would you like to pay? Check Debit

Bank Information: Bank Name _____ Routing No _____

Account # _____ Checking Savings

Signature: _____

Date: _____