

Client Information Form

ALL CLIENTS MUST FILL OUT THIS PORTION

Taxpayer Name

Spouse Name

Address

City, State, Zip

Phone

Email

ONLY FILL OUT IF *NEW* CLIENT OR INFO HAS CHANGED

Marital Status (circle one) single married joint married separate head of household widow

Taxpayer DOB

Spouse DOB

Taxpayer Soc Sec #

Spouse Soc Sec #

Taxpayer Occupation

Spouse Occupation

DEPENDANTS - if you are a *new* client or info has changed

Include LAST name if different

Use back of sheet for additional dependants

Name

Soc Sec #

DOB

Mths lived with in tax year

Jane Doe

123-45-6789

1/1/1980

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Can someone else claim your children? YES NO

If YES - please request and fill out the Waiver of Potential Conflict

AFFORDABLE CARE ACT (ALL clients must answer)

If you had health insurance please circle one option below:

Market Place

Private Insurance/Workplace

Gov/Medicare/medicaid

ALL CLIENTS MUST FILL OUT: REFUND / PAYMENT PREFERENCE

If you are getting a refund or need to pay in, which method do you prefer?

(circle one) Send/Receive Check or Pay/Receive Electronically

Bank Name (if new or changed)

Routing #

Acct #

Payment for Services

Do you want our fees taken out of your return? (circle one) YES NO

(there will be a \$75.00 bank fee for this option)

Signature
