



- Personal
- Business
- New Client
- Returning Client

Client Name _____ Tax Year(s) _____

Section 1 - New Clients or Change in Marital Status

Address _____ SS # _____
 _____ DOB _____
 _____ Phone # _____

Occupation _____ Email _____

Marital Status Single Married Divorced
 Preferred Contact Method Phone Email

Spouse Name _____ SS # _____

Occupation _____ DOB _____

Please complete applicable sections below: Referred by _____

Section 2 - All Clients

Were you able to bring ALL of your tax documents with you today -
 Including Form 1095, Health Insurance Marketplace statement? Yes No

If no, please list outstanding documents: _____

Did you move at any time during the year(s)? Yes No

If yes, please list the dates and locations lived: _____

Did you make any federal estimated payments? Yes No

If yes, please list the dates and amounts: _____

Did you make any state estimated payments? Yes No

If yes, please list the dates and amounts: _____

Would you like to e-file your return(s) Yes No And receive direct deposit (if applicable)? Yes No

If you would like to receive direct deposit, please provide a voided check or banking info:

Bank Name _____ Routing # _____ Account # _____

Section 3 - Dependent Information or Changes

Name _____	<input type="checkbox"/> Male	DOB _____	
Relationship _____	<input type="checkbox"/> Female	SSN _____	<input type="checkbox"/> Received W-2
Name _____	<input type="checkbox"/> Male	DOB _____	
Relationship _____	<input type="checkbox"/> Female	SSN _____	<input type="checkbox"/> Received W-2
Name _____	<input type="checkbox"/> Male	DOB _____	
Relationship _____	<input type="checkbox"/> Female	SSN _____	<input type="checkbox"/> Received W-2

Please inform us if any dependents listed above are filing their own tax return, as this may affect your tax filing.

Section 4 - Do You Own a Business?

Business Name: _____

Business Address: _____

EIN # _____

Do you have Employees? _____

Please help us update our files and properly recognize referrals by listing those you may have referred during the past year.

Any additional information presented to us after completion of your return(s) will result in an additional reprocessing fee.

Signature _____ Date _____

FOR STAFF USE

NOTES:

