



New Client

Personal

Returning Client

Business

Client Name _____

Tax Year(s) _____

Section 1 - New Clients or Information Change

Address _____

Social Security # _____
Date of birth _____
Phone # _____

Occupation _____

Email _____

Filing Status Single MFJ MFS HOH

Preferred contact method Phone Email

Spouse Name _____

DOB _____

Occupation _____

SSN _____

Please answer the questions below.

Referred by _____

Section 2 - All Clients

New Clients: Did you bring a copy of your previous year tax returns?

Yes

No

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 dates and amounts _____

Did you make any state estimated payments?

Yes

No

If yes, please list dates and amounts _____

Did you or your spouse receive an IRS Identity Protection PIN for the current tax year?

Yes

No

If yes, please provide IRS PIN - Taxpayer _____ Spouse _____

Do you have educational expenses (tuition, student loan interest, etc)?

Yes

No

Would you like us to e-file your return(s)?

Yes

No

If you are due a refund, how would you like it applied?

Refund

Apply to next year's estimated tax/liability

If you would like to receive direct deposit refund, please provide a voided check or banking info. If direct deposit is not chosen, refund will be mailed as a check by IRS/state.

Bank Name _____

Routing # _____

Account # _____

Receive your completed tax returns by:

ShareFile (secure online portal)

Pick up in office

Mail

PLEASE SEE BACK FOR ADDITIONAL INFORMATION REQUIRED



Section 3 - Dependent Information or Changes

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

Do you have childcare expenses? **Yes** **No** **(If yes, please provide childcare expense information)**

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

Section 4 - Business Information

Entity Type

Business Name

Business Address

FEIN

Do you have employees? **Yes** **No** **(If payroll is not processed by us, please provide payroll records.)**

Section 5 - Signature Required

By signing, I confirm that the information provided is accurate to the best of my knowledge.

Signature _____

Date _____

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

FOR STAFF USE

NOTES