



☐ 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 ☐ S-Corp ☐ C-Corp ☐ Partnership ☐ LLC ☐ Sole Prop.

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

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