

New Client Information

How did you find out about us? _____ Date _____

I dropped off ___ All expected tax documents today ___ Partial documents ___ No documents.

Yes, I would like to use Direct Deposit for any refund owed to me. If yes, please provide a deposit slip or cancelled check to the receptionist to enter into our records.

Primary Taxpayer Name: _____ **DOB:** _____

SSN: _____ - _____ - _____ Occupation: _____

Joint Taxpayer Name: _____ **DOB:** _____

SSN: _____ - _____ - _____ Occupation: _____

If a Business, Trust, Estate, or other, name of contact: _____

Best Phone Number (Primary): (____) _____ **cell home work**

Best Phone Number (Spouse): (____) _____ **cell home work**

Best Email Address(es)* _____

**Your tax preparer may contact you via email with questions or requests for additional information.*

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Please provide a copy of your ID to the receptionist or preparer to enter into our records.

List All Dependents Here: (Use 2 forms if more than three dependents)

Name	SS#	D. O. B.	Months lived w/ you

Did you, your spouse, and all dependents have health insurance for the entire tax year?

Yes No

At any time during the tax year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

Enter the amount, if any of the Economic Impact Payment 3 that was issued to you (if known) \$ _____

This information is important. If information is not accurate or not reported it could delay your tax return and change the amounts calculated.