

Patricia's Tax Service
New Client Worksheet

Taxpayer's Name _____ SSN _____

Birthdate _____ Occupation _____

Spouse's Name _____ SSN _____

Birthdate _____ Occupation _____

Contact Information - to go on the tax return

Address _____

Phone _____ Email _____

Direct Deposit

Bank Routing # _____ Account # _____

Other Questions:

Is your Health Insurance through the Marketplace (Obamacare)?	Yes	No
Did you have any dealings with a Virtual Currency (eg Bitcoin)?	Yes	No
Do you have a rental, including part of your home?	Yes	No
Are you Self-Employed (includes Uber, etc. 1099 income)?	Yes	No

Dependents Tuition is Daycare, Before/After School, College (1098T)

Name _____ SSN _____

Relationship _____ Birthdate _____ Tuition? _____

Name _____ SSN _____

Relationship _____ Birthdate _____ Tuition? _____

Name _____ SSN _____

Relationship _____ Birthdate _____ Tuition? _____

Name _____ SSN _____

Relationship _____ Birthdate _____ Tuition? _____