

Name: _____ Date of Birth (New Client): _____

Spouse (If any): _____ Date of Birth _____

Current Residency Status: Resident of USA? Yes or NO Non-Resident Status? _____

Green Card? _____ Dates Arrived USA _____

Dates Departed USA (If Any) _____

Email Address: _____ Phone Number: _____

Identification Info: Tax Client ID: Drivers' License _____ Or State ID: _____ Number: _____

Date Issued: _____ Expiration Date: _____ Location Issued: _____

Spouse (If Any): Drivers' License _____ Or State ID: _____ Number: _____

Date Issued: _____ Expiration Date: _____ Location Issued: _____

Circle One: Checking or Saving Account Number _____ Bank Routing Number: _____

Provide proof of income received such as: W-2s, unemployment insurance, military income, or retirement pensions.

If claiming Dependents, did you provide at least 50% of their support? Yes No Initials _____

(New Client/Dependent) Name: _____ Date of Birth _____

Social Security Number: _____ Relationship to Dependent: _____

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Social Security Number: _____ Relationship to Dependent _____

I certify that the listed Qualifying Relative(s) lived in my household at least 6 months of tax year and/or were supported more than half of household expenses: **Signature of Client:** _____**Signature of Spouse (If Any):** _____*****Did you and/or your Spouse and/or your Children have a Six ("6") Digital Identity PIN (IP PIN) issued by the IRS? If so, provide copy of Letter from the IRS*****

Please provide any letters received from the IRS and/or your State Tax offices within the last three (“3”) years? If so, provide copies of these correspondences.

Did you have Health Insurance from your Employer Yes or No? Did you get Government Sponsored Insurance on the Marketplace Yes or No? Did have Self-Employed Insurance Yes or No? **Provide Documentation for Each If Any.**

Did you have child care expenses? Provide written receipts from your provider (Showing EIN or SSN of Provider).

Did you attend college part-time or full-time during the year? If yes, provide Tuition Statement(s) (Form 1098-T).

Did you receive any Retirement Distributions (401K)? If yes, provide any forms indicating amount taxable (Form 1099-R).

Did you have interest or dividends payments from any financial institutions or student loans? If yes, need amount paid.

Do you own your home? If yes, you may qualify to file itemized expenses. Provide a list of your expenses such as:

- ✓ Need Mortgage Statement Medical & Dental Expenses \$ _____ Employee Expenses \$ _____
- ✓ Charitable donations: Clothes/ Household items \$ _____ Fair Market Value \$ _____
Church Cash/Checks \$ _____. (Need Name of Charity ORG if over \$500.00)
- ✓ Rental Property? Provide proof of rental expenses and rent collected. Attach Written Documentation.
- ✓ Home-based business? Provide name of business, income earned, and expenses of business. Other Expenses?
- ✓ Made energy saving improvements or purchased energy saving appliances for your home? Provide receipts.
- ✓ **FOR NEW CLIENTS ONLY:** Did you file itemized expenses for the previous tax year? If yes, provide copies of previous federal & state tax returns.