

# 2023 CLIENT INFORMATION SHEET

WE ONLY ACCEPT CASH OR CHECK

Are you a new client?    Yes    No

**Taxpayer:**

First Name \_\_\_\_\_ Mi \_\_\_\_\_

Last Name \_\_\_\_\_

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Spouse:**

First Name \_\_\_\_\_ Mi \_\_\_\_\_

Last Name \_\_\_\_\_

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you live in city limits?	<b>(Circle One)</b>	YES	NO
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Marital status:	<b>(Circle one)</b>	SINGLE	MARRIED	REQUESTING MARRIED FILING SEPARATE
• Is there a specific reason for married filing separate?	(Circle One)	YES	NO	
• Did you live apart from your spouse since July 1 <sup>st</sup> ?	(Circle One)	YES	NO	
• Please specify the reason for requesting to be married filing separate below.				
• _____				

At any time during 2023, did you: (a) receive (as a reward, award or payment for property or services); or (b) sell, *exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	<b>(Circle One)</b>	YES	NO
Are you claimed on another person's return?	<b>(Circle One)</b>	YES	NO
Is this your year to claim dependents?	<b>(Circle One)</b>	YES	NO

If you have a child custody agreement, we will need an updated copy on file

FIRST	LAST	SS#	D.O.B.	DID CHILD LIVE WITH YOU ALL 12 MONTHS? <b>(Circle one)</b>	COLLEGE STUDENT? <b>(Circle one)</b>
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO

If child(ren) did not live with you all 12 months, please specify number of months and days they did live with you.

CONTINUE TO BACK FOR ADDITIONAL INFORMATION AND SIGNATURE

Do you have any childcare expenses? (Circle One) YES NO

(TUITION TO PRIVATE SCHOOLS, DAYCARE, PRIVATE BABYSITTER AND EXPENSES MUST BE CLAIMED BY BABYSITTER)

\*IF YES, WE NEED PROVIDERS NAME, EIN OR SSN, ADDRESS AND AMOUNT PAID FOR EACH CHILD.

\_\_\_\_\_  
\_\_\_\_\_

\*IF YOU OR YOUR CHILD IS A COLLEGE STUDENT- WE NEED THE 1098-T FROM THE INSTITUTE ALONG WITH ANY OUT- OF- POCKET EXPENSES NOT COVERED BY TUITION OR SCHOLARSHIPS (COMPUTER, BOOKS, SUPPLIES)

\*Did you Move in 2023? (Circle one) YES NO

Date moved \_\_\_\_\_

Previous address \_\_\_\_\_

Did you have income from any of the following? (Circle any that apply) Business Income Farm Income Rental Income

Did you receive a K-1 from a Corporation or Partnership? (Circle one) YES NO

Did you make any estimated payments? (Circle one) YES NO

Please list who the payment was made to, the amounts paid, and the dates of payments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you receive a refund, how would you like the refund? (Circle one) Direct deposit Check by mail

Name of Bank Type of Account Checking or Savings

Routing # Account #

If you have any specific questions, comments, or concerns, please list them here for the preparer and they will reach out during the preparation of your return.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*COPY OF VALID DRIVERS LICENSE OR STATE ID IS REQUIRED BEFORE TAXES CAN BE FILED\***

**THIS FORM MUST BE ACCURATELY COMPLETED TO PREVENT ADDITIONAL BILLING**

Signature (required) \_\_\_\_\_ DATE \_\_\_\_\_