

All Information must be Complete and/or Reviewed for All Clients

CLIENT INFORMATION - MUST Provide Prior Yr Return for New Clients

1st Taxpayer Name		SS #	B-day
Occupation			
2nd Taxpayer Name		SS #	B-day
Occupation			
Address			
City, State, Zip			
Name and Preferred Phone #		Name and Secondary Phone #	
Name and Preferred Email		Name and Secondary Email	
Preferred Method of Contact Phone or Email:			

Dependants Claiming	If more than 3 please enter info in Notes Section		
Name:	SS #	B-day	
Name:	SS #	B-day	
Name:	SS #	B-day	

MUST CONFIRM

Bank Information:	
Bank Name:	
RTN #:	
ACCT #:	

Circle Answers

Market Place Insurance	Yes	No	If answer YES, please provide form 1095 A
Did any Crypto get Sold	Yes	No	If answer YES, please provide completed form 8949
Rec'd Unemployment:	Yes	No	If answer YES, please provide completed form 1099G
Paper or Digital Copy of Return	Paper	Digital	If Paper there is a \$7 extra charge
Do You Want your Originals Back	Yes	No	

NOTES & QUESTIONS
