



REBECCA COCHRAN CPA LLC

PROFESSIONAL TAX AND ACCOUNTING SERVICES

Date: _____

Client Name: _____ DOB: _____ SSN: _____

Spouse Name: _____ DOB: _____ SSN: _____

Address: _____

City, State Zip: _____ County: _____

Client Phone Number: _____ Client Email: _____

Spouse Phone Number: _____ Spouse Email: _____

QUESTIONS

1. Do you have any dependents? If yes, fill out dependent sheet YES NO

2. Does anyone on this return (including dependents) have an IP
PIN? If yes, provide here _____ YES NO

3. Did you or anyone in your household receive health
Insurance through the Marketplace? YES NO

4. Did anyone receive unemployment compensation? YES NO

5. At any time in the tax year did you pay for higher
education expenses or student loan interest? YES NO

6. At any time during the year, did anyone (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)? YES NO

7. At any time during the year, did you have a financial interest in or
signature authority over a financial account (such as a bank account,
securities account or brokerage account) located in a foreign country? YES NO

Did you make any estimated payments for the tax year? Please list below the date of which it was paid, and how much.

FED: #1 Date _____ Amount _____ #2 Date _____ Amount _____

#3 Date _____ Amount _____ #4 Date _____ Amount _____

(STATE): #1 Date _____ Amount _____ #2 Date _____ Amount _____

#3 Date _____ Amount _____ #4 Date _____ Amount _____

(STATE): #1 Date _____ Amount _____ #2 Date _____ Amount _____

#3 Date _____ Amount _____ #4 Date _____ Amount _____

If you receive a refund, would you like direct deposit?

YES NO

If yes fill in the following:

Bank Name: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings