



Current Date: _____

Appointment? **Y or N** Time: _____ or Walk In? **Y or N**

General Information

Taxpayer Name _____ Cell Phone _____

SSN Taxpayer _____ Date of Birth _____

Driver's License# _____ Issuance Date _____

Issuing State _____ Expiration Date _____

Spouse Name _____ Cell Phone _____

SSN Spouse _____ Date of Birth _____

Driver's License# _____ Issuance Date _____

Issuing State _____ Expiration Date _____

Street Address _____

City/State/Zip _____

Email Address - Taxpayer _____

Email Address - Spouse _____

Names of dependents if any

1st Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

3rd Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

2nd Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

4th Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

Services Desired

- | | | | |
|---|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Tax Individual | <input type="checkbox"/> Tax Business | <input type="checkbox"/> Sales Tax: | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Quarterly Payroll | | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> F/S Review | <input type="checkbox"/> Cash Flow Analysis | | <input type="checkbox"/> Yearly |

How did you hear of our services? _____

Business Information (if any)

Business Name _____

Business Address _____

Fiscal Year End _____

Entity Type _____

EIN _____

Income Information

- Did you pay any Estimated Payments? **YES or NO**
If yes, how much did you Pay? Federal _____ State _____
- Did you receive any type of prize, award, or gambling winnings? **YES or NO**
- At any time during did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual (crypto) currency? **YES or NO**
- Did you have any foreign bank accounts that had a value of over \$10,000 anytime during the year? **YES or NO**
- Did you receive form 6419 for Child Tax Credits? **YES or NO**

Organizers

Would you like an organizer provided to you? **YES or NO**

How would you like to sign your documents and/or receive your return, please check:

- Client Portal (must have valid email address) Hard Copy (fee may apply)

By signing this sheet, I agree that there is a fee to prepare this tax return and even if I do not file with Taylor Tax Services, payment is due for services rendered.

Client Signature

Date