

EASTERN IOWA TAX & ACCOUNTING, LLC
NEW CLIENT INFORMATION SHEET
PLEASE FILL OUT COMPLETELY (DUE TO IRS RULING, WE NEED PROPER NAMES)

YOUR NAME _____ S.S. _____ D.O.B. _____

Cell # _____ Occupation: _____

SPOUSE _____ S.S.# _____ D.O.B. _____

Cell # _____ Occupation _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____ Spouse Email _____

Marital Status in **2021** (circle one) Married Single Widow(er), Date of Spouse's Death _____ **File jointly:** YES NO

If Filing separately Spouses Adjusted Gross Income is required: _____

IOWA RESIDENTS ONLY: SCHOOL DISTRICT YOU LIVE IN _____ **IL RESIDENTS ONLY:** PARCEL ID # _____

DEPENDENTS (CHILDREN & OTHER) *COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD REQUIRED FOR ALL DEPENDENTS******

Name (First, Last) _____

Relationship _____ Date of Birth _____

SS # _____ Months Lived with you _____ Disabled: Yes or No

Full Time Student: Yes or No Dependent's Gross Income: _____

Name (First, Last) _____

Relationship _____ Date of Birth _____

SS # _____ Months Lived with you _____ Disabled: Yes or No

Full Time Student: Yes or No Dependent's Gross Income: _____

Name (First, Last) _____

Relationship _____ Date of Birth _____

SS # _____ Months Lived with you _____ Disabled: Yes or No

Full Time Student: Yes or No Dependent's Gross Income: _____

Did you claim the **First Time Homebuyer Credit on your 2008 tax return?** (for payback on credit) Yes/No

Were you referred by someone? Yes/No

(If Yes) Name _____