

TODAY'S DATE _____

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 **2025** (circle one) Married filing Joint Married Filing Separate Single
Surviving Spouse (must have dependents) Date of Spouse's Death _____ Head of Household

If Filing separately Spouse's 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******

*****See Page 2 to add Dependents Information*****

Did you have a **Business Return** in 2025 (Small Business, Farm, Rental or Other) Yes/No
If yes - We will need copy of Depreciation Schedule and last 3 years of Federal & State Tax Returns

Copy of Driver's License Required from TaxPayer(s) on this Return

*******ALL NEW CLIENTS NEED COPY OF 2024 TAX RETURN FOR FEDERAL & STATE**

BUSINESSES NEED LAST 3 YEARS *****

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 _____

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

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Relationship _____ Date of Birth _____

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