

Client Information Sheet

Name: _____

Spouse: _____

SSN#: _____

SSN#: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Email: _____

Email: _____

Address: _____

(To use on your tax return for IRS or correspondence)

Cell Phone: _____ Who is primary contact for questions: _____

Dependents: Name	Date of Birth	Social Security#	Relationship	College (Y/N)
_____	- -	/ /	_____	_____
_____	- -	/ /	_____	_____
_____	- -	/ /	_____	_____
_____	- -	/ /	_____	_____
_____	- -	/ /	_____	_____

Refund Direct Deposit Yes No

(If yes, pick one of three options below)

Use bank information from prior year return Cancelled check provided Bank information provided below

Bank Name: _____ Checking Savings

Routing Number: _____ Account Number: _____

Self-employed / 1099MISC?		Yes	No
Pay / mail estimated taxes?		Yes	No
Rental income?		Yes	No
K-1 from partnership, trust or S-corporation / investments?		Yes	No
Short sale / foreclosure / debt-cancellation 1099C		Yes	No
Health insurance through Marketplace / received 1095A?		Yes	No
Foreign bank accounts, trust or business?		Yes	No
Did you receive interest in foreign acct?		Yes	No
Births, deaths, marriages, divorces or adoptions in your immediate family?		Yes	No

Gave gift of more than \$19,000?		Yes	No
Purchased electric car?		Yes	No
Solar panels / home improvements?		Yes	No
Dependent/child care expenses?		Yes	No
Stocks, ESPP, RSU sales?		Yes	No
Receive Social Security / Pension?		Yes	No
Withdraw funds early from 401k / IRA?		Yes	No
IRA Conversion or "Backdoor" ROTH?		Yes	No
College tuition for you or dependent?		Yes	No