

## 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 / portal: \_\_\_\_\_

Dependents:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security#</u>	<u>Relationship</u>	<u>College (Y/N)</u>
_____	____ - ____ - ____	____ / ____ / ____	_____	_____
_____	____ - ____ - ____	____ / ____ / ____	_____	_____

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: \_\_\_\_\_

1. Self-employed / 1099MISC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Purchased electric car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Pay / mail estimated taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Solar panels / home improvements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Dependent/child care expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. K-1 from partnership, trust or S-corporation / investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Principal/rental home purchase or sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Short sale / foreclosure / 1099C / refi?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Stocks, ESPP, RSU sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Gaps in health insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Receive Social Security / Pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Health insurance through Covered California / received 1095A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Withdraw funds early from 401k / IRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Foreign bank account, trust or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. IRA Conversion or "Backdoor" ROTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you receive interest in foreign acct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Moved from another state or more than 50 miles for work or health reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Births, deaths, marriages, divorces or adoptions in your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. HSA contribution or distribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Gave gift of more than \$14,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. College tuition for you or dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No