

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 |