

Hub City Tax & Accounting, PC
PO Box 800
Wendell, ID 83355

Date _____

I/We are Existing Client(s) New Client(s)

Taxpayer Information

Spouse Information

First Name & Initial _____
Last Name _____
SSN/TIN _____
Date of Birth _____
Email _____
Mobile # _____
Business # _____
Home # _____
Fax # _____

First Name & Initial _____
Last Name _____
SSN/TIN _____
Date of Birth _____
Email _____
Mobile # _____
Business # _____
Home # _____
Fax # _____

Who is primary contact? Taxpayer Spouse

What is the best way to contact you? Email Phone Text

How did you hear about us? _____

Address Information

Physical Address
City _____ State _____ Zip Code _____

Mailing Address
City _____ State _____ Zip Code _____

Dependent Information

Dependent Codes: 1= Child who lived with you 2= Child who did not live with you 3=Other Dependent

First Name	Last Name	Date of Birth	SSN/TIN	Relationship	Months Home	Dependent Code
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If dependent is older than 19 are they: Full-Time College Student Disabled

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If dependent is older than 19 are they:	<input type="checkbox"/>	Full-Time College Student	<input type="checkbox"/>	Disabled
If dependent is older than 19 are they:	<input type="checkbox"/>	Full-Time College Student	<input type="checkbox"/>	Disabled
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If dependent is older than 19 are they:	<input type="checkbox"/>	Full-Time College Student	<input type="checkbox"/>	Disabled

Bank Account Information

Bank Routing Number _____
 Bank Account Number _____
 Checking _____ Savings _____

Health Insurance Information

Did everyone in your household have health insurance all year? _____ Yes _____ No
 If yes, did you purchase your health insurance through the marketplace? _____ Yes _____ No
If yes, you must have a Form 1095-A

Notes: