NEW CLIENT INFORMATION

NAME:	SPOUSE NAME:
\$\$N:	SSN:
DL#:	DI #•
DL#: ISSUED: EXP:	ISSUED:EXP:
DOB:	DOB:
ADDRESS:	<u>EMAIL</u>
PHONE: (HOME (CELL)	
(\$POUS	SE)
OCCUPATION:	(SELF)
	(SPOUSE)
DEPEN	DENTS
NAME:	NAME:
DOB:	DOB:
SSN:	\$\$N:
MALE OR FEMALE	MALE OR FEMALE
NAME:	NAME:
DOB:	DOB:
\$\$N:	\$\$N:
MALE OR FEMALE	MALE OR FEMALE
DID YOU MAKE A CO IRA: F	
DID YOU SELL A HO IF YES, WE WILL NEED CLOSING STATE OR IF YOU ITEM!	EMENTS IF IT'S A RENTAL PROPERTY
DID YOU PURCHAS (ONLY IF IT'S A RENTAL) NEED	
CAN YOU BE CLAIMED AS A DEPEN	IDENT ON ANOTHER TAX RETURN? N:
Y:	SOCIAL SECURITY? N: FORM FROM SOCIAL SECURITY)

WE NEED THE FOLLOWING TO COMPLETE YOUR TAX RETURN

DATE OF BIRTH or DATES OF BIRTH & OCCUPATIONS OF ALL PEOPLE ON THE RETURN W2'S AND/OR 1099'S

INTEREST INCOME/DIVIDEND INCOME

ITEMIZE OR STANDARD DEDUCION FOR PRIOR YEAR

REFUNDS FROM PRIOR YEAR - STATE & CITY TAX

SALE OF STOCKS PROCEEDS

MUST HAVE COST BASIS: DATE BOUGHT & AMOUNT PAID

LOSS CARRY FORWARDS FROM PRIOR YEAR

SELF EMPLOYED INCOME & EXPENSES

ALIMONY PAID - ALIMONY RECEIVED

IRA & PENSION DISTRIBUTIONS

IS YOUR IRA A PENSION ROLLOVER?

IS YOUR IRA OR PENSION FROM A DECEASED SPOUSE?

RENTAL INCOME & EXPENSES

UNEMPLOYMENT INCOME

SOCIAL SECURITY INCOME

GAMBLING INCOME OR LOSSES

ANY OTHER 1099 OR OTHER INCOME

STUDENT LOAN INTEREST PAID

HEALTH INSURANCE COST (NOT PRETAX)

HAS CONTRIBUTIONS AFTER TAX

MEDICAL, DENTAL, EYECARE RX OUT OF POCKET

TUITION, BOOKS, FEES PAID: 1ST FOUR YEARS?

REAL ESTATE TAXES PAID

MORTGAGE INTEREST

STATE OR LOCAL TAX PAID PRIOR YEAR

CHARITY DONATIONS: CASH/CHECKS - GOODS

OHIO POLITICAL CONTRIBUTIONS

TUITION SAVINGS CONTRIBUTIONS: 529C PLANS

RESIDENTIAL ENERGY EXPENSES: ROOF, WINDOWS, DOORS,

H20 TANK, INSULATION, SOLAR WINDOWS

CHILD CARE AMOUNT & PROVIDER INFO

ESTIMATED TAXES PAID FOR CURRENT YEAR

PRIOR YEAR TAX PREP FEE

DRIVERS LICENSE #. ISSUE & EXPIRATION DATE

DIRECT DEPOSIT INFO

PLEASE NOTE: IRS IS NOT ISSUING PAPER CHECKS 2025
PRE-PAID DEBIT CARD or DIRECT DEPOSIT