	For ELCPA Staff Use					
	Date/Initials		Date/Initials		Date/Initials	
Date in Office:		Date on Hold:		Client Called:		
Scanned:		Prep Complete:		Client Picked Up:		
TAX CLIENT INFORMATION SHEET						
New Clients: We will need to copy you and your spouse's drivers licenses.						
Filing Status: Single Married filing jointly Married filing separately Head of Household Qualifying Widow(er)						
TAXPAYER NAME:			SPOUSE NAME:			
PHONE NUMBER:			PHONE NUMBER:			
EMAIL:			EMAIL:			
DATE OF BIRTH:			DATE OF BIRTH:			
SOCIAL SECURITY:			SOCIAL SECURITY:			
OCCUPATION:			OCCUPATION:			
Address:						
DEPENDANTS	NAMES	DATE OF BIRTH	SOCIAL SEC.	RELATIONSHIP	Private	
(First, MI, Last)		DATE OF BIRTH	JOCIAL SEC.	KLLATIONSHIP	School/College	
(11130, 1411,	Lusty				Scribbly college	
			•			
Did you purchase health insurance from the market place in 2019? If so, we need form 1095-A						
Would you like to receive your refund via direct deposit or pay your tax liability via direct deposit?						
Routing #			Account #			
For ELCPA Staff Use						
				a		
Client Payment	\$	CC-Visa, MC, Disc		_Check #	Cash	
Defined (Delemes Due)	nce Due) Prior year tax prep fee \$		- f ¢	Current year tax prep fee \$		
Refund (Balance Due)	Prior year tax prep		o ree \$	Current year tax pr	ep ree \$	
IRS:						
LA:						
Vouchers/ACH payment						
Direct deposit/Refund ch	neck					