

For ELCPA Staff Use

Date/Initials

Date/Initials

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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:

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DEPENDANTS NAMES (First, MI, Last)	DATE OF BIRTH	SOCIAL SEC.	RELATIONSHIP	Private School/College

Did you purchase health insurance from the market place in 2021? 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 #	
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For ELCPA Staff Use

Client Payment \$ _____ CC-Visa, MC, Disc _____ Check # _____ Cash

Refund (Balance Due) Prior year tax prep fee \$ _____ Current year tax prep fee \$ _____

IRS:

LA:

Vouchers/ACH payment

Direct deposit/Refund check