

For ELCPA Staff Use

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:

DEPENDANTS NAMES (First, MI, Last)	DATE OF BIRTH	SOCIAL SEC.	RELATIONSHIP	School attended in 2024

Did you purchase health insurance from the market place in 2024? 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

Check # _____ Cash _____ CC-Visa, MC, Disc _____ Date deposit rec'd _____
Deposit required \$200

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

IRS: _____
LA: _____ Final balance owed: _____

Vouchers/ACH payment
Direct deposit/Refund check