

# Client Information Sheet for Tax Year 2019

## Taxpayer

Legal Name (first, MI, last): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Field of employment: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you want \$3 of your taxes to go to the Presidential Election Campaign Fund? Yes \_\_\_ No \_\_\_

## Spouse

Legal Name (first, MI, last): \_\_\_\_\_

Field of employment: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you want \$3 of your taxes to go to the Presidential Election Campaign Fund? Yes \_\_\_ No \_\_\_

Taxpayer Cell phone: \_\_\_\_\_

Spouse Cell phone: \_\_\_\_\_

Taxpayer Work phone: \_\_\_\_\_

Spouse Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

If **Refund** I/We would like to receive by: Automatic Deposit \_\_\_ or Paper Check \_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Checking \_\_\_ or Savings \_\_\_

If **Tax Due** pay by: Automatic Debit \_\_\_ or Paper Check \_\_\_

## Dependent #1

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

# of months lived with you in 2019: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Dependent #3

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

# of months lived with you in 2019: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Dependent #2

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

# of months lived with you in 2019: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Dependent #4

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

# of months lived with you in 2019: \_\_\_\_\_

Relationship: \_\_\_\_\_

*If you have more than four dependents, please write the additional ones on the back of this form.*

What state(s) are you resident(s) of? \_\_\_\_\_ Dates of residency: \_\_\_\_\_

Did you refinance a home this year? Yes \_\_\_ No \_\_\_

If so, please bring the Closing Disclosure and purpose for funds, if cash out.

Did you pay or receive Alimony this past year? Yes \_\_\_ No \_\_\_

If yes, ex-spouse's **legal** name and SSN: \_\_\_\_\_

I affirm that all typed/hand-written information on this checklist is correct to the best of my knowledge:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_