

# Client Information Sheet

You are: Single \_\_\_\_\_ Married Filing Jointly \_\_\_\_\_ Married Filing Separately \_\_\_\_\_ Divorced \_\_\_\_\_

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 2021: \_\_\_\_\_

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

Dependent #2

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

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

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

# of months lived with you in 2021: \_\_\_\_\_

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

Dependent #3

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

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

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

# of months lived with you in 2021: \_\_\_\_\_

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

Dependent #4

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

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

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

# of months lived with you in 2021: \_\_\_\_\_

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: \_\_\_\_\_