CLIENT INFORMATION SHEET- page 1

Taxpayer Name _____
Social Security # _____
Date of Birth _____
Occupation _____
Telephone # _____
Email address _____

**If filing a joint return:
Spouse Name _____
Social Security # _____
Date of Birth _____
Occupation _____
Telephone # _____
Email address _____

Address: _____
_____
_____

**If claiming dependants:
Names, DOB, SS# & Relationship to taxpayer(s):
_____
_____
_____
_____
_____
_____

Direct Deposit Information FOR REFUND:
Bank Name _____
Routing # _____
Account # _____

CLIENT INFORMATION SHEET- page 2

Please circle/check yes or no

1. Do you have health insurance? If yes, answer #2, if no, go to #3.

   Yes ☐

   No ☐

2. Is your health insurance through the marketplace?

   Yes (if yes, then we need your 1095-A please) ☐

   No ☐

3. Do you have a corporation?

   Yes (if so, name) _____ ☐

   No ☐

4. Do you invest in any type of Crypto Currency?

   Yes ☐

   No ☐

5. Did you contribute during the year to an IRA?

   Yes ☐

   No ☐

**PLEASE NOTE **

EFFECTIVE NOVEMBER 1, 2023

PAYMENT IS DUE UPON SERVICES RENDERED

NO TAX RETURN OR DOCUMENTS WILL BE FILED WITHOUT SIGNED 8879 FORM AND PAYMENT FOR THE SERVICES RENDERED

IF PAYMENT CANNOT BE MADE, A SIGNED PAYMENT PLAN AUTHORIZATION CAN BE DISCUSSED AT OUR DISCRETION.

THANK YOU FOR YOUR UNDERSTANDING.

SIGNED _____

DATE _____