**New Client Checklist**

1A) Taxpayer Name: 1B) Spouse’s Name:

2A) Taxpayer Address: 2B) Spouse’s Address:

3A) Taxpayer SSN: 3B) Spouse’s SSN:

4A) Taxpayer DOB: 4B) Spouse’s DOB:

5A) Occupation: 5B) Occupation:

6) Primary phone: 7) Primary Email:

8) Driver’s License #:

Issue State: Issue Date: Expiration:

9) Filing Status: **Single☐ MFJ☐ MFS☐ HOH☐**

10) Any dependents?

 **Name DOB SSN Relationship Residence**

11) Should any dependents be removed from last year?

12) Are any enrolled in college?

13) Health Insurance (ACA) (attach copy)

* Does the primary TP have employer provided health care? (Did you receive a 1095?)
* What about the spouse?
* Or do you have an exemption from the “Marketplace”?

14) Refund or EFT payment information:

 Bank Name:­­­­­­­­ Account Name:

Routing #: Account #:

**Disclosure**

This information is being provided to Integrity Tax Services by me/us and is accurate. I/we understand it is my/our responsibility to provide any and all information needed to prepare and file the tax return. That information has been provided by me/us to Integrity Tax Services. Any missing or omitted information is my/our responsibility and that missing information might require an amended tax return at an additional cost to me/us.

Taxpayer Signature:

Printed Name: Date:

Spouse Signature:

Printed Name: Date:

Please call or email any questions you have. As a matter of convenience this questionnaire can be completed prior to your appointment. It can also be printed and brought in with your appointment or emailed separately. Make it as convenient as you need.

I look forward to helping you with your tax preparation and filing. If you’re a small business I can help with your bookkeeping, accounting, and payroll needs. Please reach out to me at 863.812.4282.

**Marie Harrington, CPA, Owner**

**Integrity Tax Services**