



# CLIENT INFORMATION SHEET

Tax Year

Today's Date

## CLIENT INFORMATION

**Primary Taxpayer Full Name** (from Social Security Card)

(This person will be listed first on the tax return)

**Has name changed?** (Past Year)

☐ Yes ☐ No

**If Yes, Please List Former Name**

**Social Security Number**

**Date of Birth** (MM-DD-YY)

**Occupation**

**Driver's Licence**

**Issue Date** (MM-DD-YY)

**Expiration Date** (MM-DD-YY)

**Email Address**

**Are you currently serving in the military on Active Duty?**

☐ Yes ☐ No

**Do you want \$3 to go to the Presidential Campaign Fund?**

☐ Yes ☐ No

**Spouse Full Name** (from Social Security Card)

**Has name changed?** (Past Year)

☐ Yes ☐ No

**If Yes, Please List Former Name**

**Social Security Number**

**Date of Birth** (MM-DD-YY)

**Occupation**

**Driver's Licence**

**Issue Date** (MM-DD-YY)

**Expiration Date** (MM-DD-YY)

**Email Address**

**Are you currently serving in the military on Active Duty?**

☐ Yes ☐ No

**Do you want \$3 to go to the Presidential Campaign Fund?**

☐ Yes ☐ No

**Marital Status**

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

**If Widowed, Date of Spouse's Death**

**If Separated, Date of Separation**

**If Separated, Spouse's SSN**

**Are you or can you be claimed as a dependent on someone else's tax return?**

☐ Yes ☐ No

**Mailing Address**

**City**

**State**

**Zip**

**Physical Street Address** (if different)

**City**

**State**

**Zip**

**Daytime Phone** ☐ Preferred

**Evening Phone** ☐ Preferred

**Cell Phone** ☐ Preferred

**How did you hear about Us?**

**If "friend", Friend's Name**

☐ Interested in receiving our Client Newsletter?

| Dependent First Name<br>(from Social Security Card) | Last Name<br>(if different) | SSN | Relation | Months in Home<br>(this year) | Date of Birth | Fulltime Student? | Disabled? |
|---|-----------------------------|-----|----------|-------------------------------|---------------|-------------------|-----------|
|   |                             |     |          |                               |               |                   |           |
|   |                             |     |          |                               |               |                   |           |
|   |                             |     |          |                               |               |                   |           |
|   |                             |     |          |                               |               |                   |           |

## DID YOU OR YOUR SPOUSE LAST YEAR...

☐ Live in any other states? ☐ Work in any other states?

If yes, list the states and the dates you lived or worked there:

City/County of Residence or Workplace

School District



### Check all that apply

- ☐ Receive wages, salaries, or any other employer compensation?
- ☐ Receive W-2 forms from ALL employers you worked for last year?
- ☐ Receive unemployment compensation?
- ☐ Receive alimony?
- ☐ Receive Social Security Income?
- ☐ Pay alimony?

If Yes, Name of Recipient

SSN of Recipient

- ☐ Pay daycare expenses? (Name, address and SSN (or EIN) of provider is required)
- ☐ Receive winnings from gambling? (lottery, race track, casinos, raffles, etc.)
- ☐ Receive any miscellaneous income? (prizes, awards, jury duty, etc.)  
Amount and description are required
- ☐ Pay interest on student loans?
- ☐ Receive a state tax refund?
- ☐ Pay real estate taxes?
- ☐ Have a Home Mortgage?
- ☐ Have medical expenses or pay for health insurance?
- ☐ Contribute to charity, church, etc?
- ☐ Receive pension, annuity, ROTH, IRA or retirement income?
- ☐ Receive interest on savings, cash, US bonds, stock dividends?
- ☐ Have a Health Savings Account (HSA)?
- ☐ Have out-of-pocket expenses, use personal vehicle on the job, etc?
- ☐ Have a loss from casualty? (fire, theft, natural disaster, etc.)

List all W-2 Wages from Box 1 Below:

| Employer Name | Wages |
|---------------|-------|
|               | \$    |
|               | \$    |
|               | \$    |
|               | \$    |
|               | \$    |

- ☐ Have a job-related move?
- ☐ Contribute to a:
  - ☐ ROTH IRA \$
  - ☐ SEP \$
  - ☐ Simple Retirement Plan \$
  - ☐ Traditional IRA \$
  - ☐ Keogh \$
- ☐ Take a distribution from any retirement account?

| 2017 Amount | 2018 Amount | 2019 Amount |
|-------------|-------------|-------------|
| \$          | \$          | \$          |

- ☐ Pay college tuition expenses?
- ☐ Are you enrolled as a:
  - ☐ FT Student
  - ☐ PT Student
- ☐ Was the Earned Income Credit ever disallowed for you?
- ☐ Do you currently have health insurance coverage?
- ☐ Are you receiving health insurance coverage through an ACA Marketplace?

- ☐ Sell stock, mutual fund, or other securities?
- ☐ Receive any 1099s (e.g. 1099-A, 1099-C, 1099-Misc)?
- ☐ Own your own business or work as self-employed?

- ☐ Use a portion of your home exclusively for business?
- ☐ Sell your home? ☐ Sell any other property? (equipment, land, etc.)
- ☐ Make estimated tax payments?

Business Name

Proprietor Name

Date of Business Start

- ☐ Own rental property or convert rental property to personal use?
- ☐ Receive royalties?
- ☐ Operate a farm?
- ☐ Receive installment payments on property sold?
- ☐ Have an interest in a partnership, S-corporation, estate or trust?
- ☐ Have income as a minister? ☐ Receive housing allowance?

### REQUIRED CHECKLIST

- ☐ Copy of Taxpayer's Driver's license State ID
- ☐ Copy of Taxpayer's Driver's license State ID

- ☐ Previous Year's Tax Return
- ☐ Copy of Voided Check for Refunds

All information I have given is true and correct to the best of my knowledge.

Client's Signature

Spouse's Signature

Date

Date  
(Prepare.tax Employee)