



CLIENT INFORMATION SHEET

Are you a new client? ___yes ___no Referred by? _____

Filing Status: 1=Single, 2= Married Filing Joint, 3= Married filing separate, 4= HOH, 5= Qualified Widow

Taxpayer Info	Spouse Info
SS#	SS#
First Name	First Name
Last Name (as on SS Card)	Last Name (as on SS Card)
Occupation	Occupation
Date of Birth	Date of Birth
Cell Phone	Cell Phone
Home Phone	Home Phone
Email	Email

Residence Info

Street Address
City
State
Zip Code

Dependents

First & Last Name	D.O. B	SS#	Relationship

Child & Dependent Care

Provider Name
Address
Phone #
SS# or Federal Tax Id#
Amount Paid \$

Bank Info

Bank Name		
Routing #		
Account #		
Type of account	Savings	Checking

Income: Please bring all W-2's and 1099's

Please turn over and fill out the back.



Did you receive any of the following?	Do you have/ pay of the following?
Pensions	Student Loan Interest
IRA	Tuition Fees
Alimony Received/Date of original divorce or separation agreement	Did you receive, sell, send or exchange any virtual currency? Yes no
Unemployment	Did you have medical insurance for 2019?
Gambling Winnings	Yes no

Interest Income

Name of Bank	Amount

State Income Tax Return amount (Prior Year)	
---	--

Itemized Expenses

Medical & Dental	Amount
Medical \$	
Dental \$	
Prescription Drugs \$	
Medical miles	

Property Taxes for Owner occupied home and/or vacation home

Description	Amount

Personal Property (DMV)	
-------------------------	--

Mortgage Interest

Lender	Amount

Charitable Expenses

Cash or Check Description	Amount	Non-Cash (Goodwill, SA) Description	Amount

Under penalties of perjury, and to the best of my knowledge and belief, I declare all information list above is true, correct and complete.

Taxpayers Signature: _____

Spouse Signature: _____