

CLIENT INFORMATION SHEET

Todays Date: _____

PLEASE PRINT

First Name: _____ Last Name: _____

Birthdate: _____ Occupation: _____

Mailing Address: _____ City _____ State _____ Zip _____

Best Contact Number: _____ Email: _____

SPOUSE

First Name: _____ Last Name: _____

Birthdate: _____ Occupation: _____

Best Contact Number: _____ Email: _____

FILING STATUS

Single (not claiming anyone)

Married filing joint with spouse

_____ How many dependants are you claiming
(do not include you or your spouse)

Head of household (claiming dependants)

Married filing separate (we will need your spouse's name and ss#)

If you are a new client, who referred you or how did you hear about us: _____

ALL PAYMENTS ARE REQUIRED BEFORE TAXES ARE SUBMITTED

Self Pay

Fees to be taken out of refund (3rd party fees apply)

Did you, your spouse or any of your dependents have Obamacare/Marketplace? YES NO
(1095A is required if YES)

How much did you receive on your 1st stimulus? \$ _____

How much of your 2nd stimulus have you received? \$ _____