

CLIENT INFORMATION SHEET

Todays Date: _____

First Name: _____ Last Name: _____

Birthdate: _____ Occupation: _____

Mailing Address: _____ Zip Code: _____

Best Contact Number: _____ Email: _____

SPOUSE

First Name: _____ Last Name: _____

Birthdate: _____ Occupation: _____

Best Contact Number: _____ Email: _____

FILING STATUS

Single (not claiming anyone) Head of household _____ dependents claiming)

Married filing joint with spouse (with or without dependents) _____ dependents claiming

Married filing separate Name of Spouse: _____ 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 (Cash, Check, Credit, Zelle) 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)

For 2020 taxes ONLY - EIP 1ST & 2ND (Stimulus) - Amount Received

1st April 2020 \$ _____ 2nd Dec 2020/ Jan 2021 \$ _____

For 2021 taxes ONLY - EIP 3RD (Stimulus) - Amount Received

3rd March 2021 AMOUNT RECEIVED: \$ _____

Stimulus letter received? _____ Advance Child Tax Credit letter(s) received? _____