



**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.



<b>Did you receive any of the following?</b>	<b>Do you have/ pay of the following?</b>
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)	
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**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)	
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**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: \_\_\_\_\_