



Tax Client Information

| Taxpayer | Spouse |
|--|--|
| Last Name: _____ | Last Name: _____ |
| First Name: _____ | First Name: _____ |
| Middle Initial: _____ Suffix: _____ | Middle Initial: _____ Suffix: _____ |
| Social Security # _____ - _____ - _____ | Social Security # _____ - _____ - _____ |
| Birthdate: _____ / _____ / _____ | Birthdate: _____ / _____ / _____ |
| Occupation: _____ | Occupation: _____ |
| (Please check for preferred contact number) | (Please check for preferred contact number) |
| <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Home _____ | <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Home _____ |
| <input type="checkbox"/> Work: _____ | <input type="checkbox"/> Work: _____ |
| Email: _____ | Email: _____ |
| Driver's License #: _____ | Driver's License #: _____ |
| Issue state: ___ Issue date: _____ Exp. Date: _____ | Issue state: ___ Issue date: _____ Exp. Date: _____ |
| IRS PIN: _____ | IRS PIN: _____ |

Mailing Address:

Street / PO Box: _____ City: _____ State: _____ Zip: _____

Physical Address: (Same)

Street: _____ City: _____ State: _____ Zip: _____

Child / Dependent Information

| Name (First, Middle, Last) | Date of Birth | Social Security # | Relationship |
|----------------------------|---------------|-------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Health Insurance

Did you and all your dependents have health care coverage for the full year?..... Yes No
(If no, an appointment is required before your return can be completed.)

Did you receive any of the following IRS Documents? Form 1095-A, Form 1095-B or Form 1095-C Yes No
 (If no, please contact your insurance provider-these are required to complete your return. If yes, please provide.)

Direct Deposit of Refund

If you are due a refund, would you like to receive it as a direct deposit? Yes No

If yes, Name of Bank: _____ Checking or Savings

Routing Number: _____

Account Number: _____

Client Signature: _____ Date: _____