

CLIENT INFORMATION SHEET

PLEASE PRINT

Today's Date: _____

Taxpayer Name: _____
Taxpayer Occupation: _____
Taxpayer SSN#: _____
Taxpayer Date of Birth: _____
Email Address: _____

Spouse Name: _____
Spouse Occupation: _____
Spouse SSN#: _____
Spouse Date of Birth: _____

Current Address: _____
Current City, State, Zip: _____

Phone: _____

Weekend _____ Home/Cell
Evening _____ Home/Cell

INCOME - Do You Have Any Of The Following? How Many?

W-2 (Wages) _____
W2-G (Gambling Winnings) _____
1099-B (Sale of Stock) _____
1099-G (Unemployment) _____
1099-G (State Tax Refund) _____
1099-INT (Interest) _____
1099-MISC _____
1099-R (Retirement Income) _____
1099-S (Sale of Home) _____
SSA-1099 (Social Security) _____
Self-Employment Income (no 1099) _____
Rental Property Income _____
Alimony Received _____
Estate/Trusts/K-1 Income _____

Marital Status: Single/Divorced, Married,
Married, but have not lived together
since _____(Date) Widowed

Do you have any Deductions?

Medical (expenses & mileage) _____
State or Local Taxes Paid _____
Real Estate Tax _____
Personal Property Tax _____
Mortgage Interest _____
Cash Charitable Contributions _____
Non-Cash Charitable Contributions _____
Casualty/Theft Loss _____
Job Travel (Non-commuting) _____
Union Dues _____
Uniforms (cost & cleaning) _____
Job-Seeking Expenses _____
Tax Return Preparation Fee _____
College Tuition and Fees _____
Student Loan Interest _____
Child Care Expenses _____
IRA Contributions _____
Office-in-Home Expense _____
Work Tools _____
K-12 Teacher Expense _____

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DEPENDENTS: (Do not include yourself or your spouse)

NAME	DATE OF BIRTH	SSN#	# of Months lived in home last year

If your child (listed above) did not live with you but can be claimed as your dependent under a divorce decree YES___

Can you (taxpayer or spouse) be claimed as a dependent on someone else's tax return? Yes No

Does someone else related to the child (listed above) live in the household? Yes_____ NO

Login Username: _____

Password: _____

Last Year's AGI: \$_____

Chose a 5-digit number that you will remember below

Taxpayer Digital Signature: _____

Spouse Digital Signature: _____