



**Existing Clients Only Enter Changes from Last Year**

**New Clients Enter All Requested Information**

**Name of Taxpayer** \_\_\_\_\_ **SS#** \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

**Name of Spouse** \_\_\_\_\_ **SS#** \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Cell # \_\_\_\_\_

**Name of Dependent Children**

Child's Full Name \_\_\_\_\_ **SS#** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Months Lived in Home: \_\_\_\_\_ Relationship to Taxpayer \_\_\_\_\_ College Student \_\_\_\_\_

Child's Full Name \_\_\_\_\_ **SS#** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Months Lived in Home: \_\_\_\_\_ Relationship to Taxpayer \_\_\_\_\_ College Student \_\_\_\_\_

Child's Full Name \_\_\_\_\_ **SS#** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Months Lived in Home: \_\_\_\_\_ Relationship to Taxpayer \_\_\_\_\_ College Student \_\_\_\_\_

**If you are due a refund, would you like it directly deposited into your bank account? Yes or No (Circle One)**

Name of Bank \_\_\_\_\_ Checking or Savings (Circle One)

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Health Insurance Information Needed: Marketplace 1095A, Your Employer 1095C or Insurance Carrier 1095B**

If you **did not** have Health Insurance, Please Initial Here \_\_\_\_\_

**We need a copy of Current Driver's License or State Issued ID for Tax Return.**