

<b>NEW CLIENT(S)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b><u>Taxpayer</u></b>		<b><u>Spouse</u></b>		
First Name: _____		First Name: _____		
Middle Initial: _____	Suffix: _____	Middle Initial: _____	Suffix: _____	
Last Name: _____		Last Name: _____		
Social Security Number: _____		Social Security Number: _____		
Date of Birth: _____		Date of Birth: _____		
Occupation: _____		Occupation: _____		
Company/Base _____		Company/Base _____		
Cell Phone: _____		Cell Phone: _____		
Home Phone: _____		Home Phone: _____		
E-mail: _____ <small>(Important for file status updates/general communications.)</small>		E-mail: _____ <b>*None of your personal information is sold or shared.</b>		
<b>Filing Address (for IRS residency purposes):</b>				
Address: _____				
City: _____ State: _____ Zip Code: _____				
<b>Mailing Address if Different (for us to send your copy of the tax return and invoice):</b>				
_____				
<b>Dependents:</b>				
Full Name	Social Security #	DOB	Relationship	Full time student? Disabled (yes/no)?
<b>Filing Status:</b>				
<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household				
<b>Affordable Care Act (ACA) Questions:</b> Please circle one				
Did <b>you</b> have health insurance for all 12 months of 2019?				(Y) (N)
Did <b>your spouse</b> have health insurance for all 12 months of 2019?				(Y) (N)
Did <b>your dependents</b> have health insurance for all 12 months of 2019?				(Y) (N)
Did <b>you</b> have insurance through an employer in 2019?				(Y) (N)
Did <b>your spouse</b> have insurance through an employer in 2019?				(Y) (N)
Did <b>your dependents</b> have insurance through an employer in 2019?				(Y) (N)
<b>Notes:</b>				
<b>Referred by:</b>				
<b>Direct Deposit Information:</b> Free! You can choose Direct Deposit even if not filing electronically.				
<b>Tax preparation fees are due at time of filing. Payment methods accepted are cash, check, or credit cards (Master Card &amp; Visa).</b>				
Name of Bank: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Routing Number: _____ Account Number: _____				
		If you file electronically you will be required to sign IRS Form (Electronic Filing Authorization) and pay your invoice in full before our office can E-File your tax return for you.		