

NEW CLIENT(S)? YES NO

<u>Taxpayer</u>	<u>Spouse</u>
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: _____ *None of your personal information is sold or shared.

Filing Address (for IRS residency purposes):

Address: _____
 City: _____ State: _____ Zip Code: _____

Mailing Address if Different (for us to send your copy of the tax return and invoice):

Dependents:

Full Name	Social Security #	DOB	Relationship	Full time student? Disabled (yes/no)?

Filing Status:

Single Married Filing Jointly Married Filing Separately Head of Household

Insurance Questions: Please circle one

Did **you** have health insurance through the Affordable Care Act, or An Employer for all 12 months of 2020? (ACA) (Employer) (None)

Did **your spouse** have health insurance through the Affordable Care Act, or An Employer for all 12 months of 2020? (ACA) (Employer) (None)

Did **your dependents** have health insurance through the Affordable Care Act, or An Employer for all 12 months of 2020? (ACA) (Employer) (None)

Notes:

Referred by:

Direct Deposit Information: Free! You can choose Direct Deposit even if not filing electronically.

Tax preparation fees are due at time of filing. Payment methods accepted are cash, check, or credit cards (Master Card & Visa).

Name of Bank: _____ Checking 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.