


GUNDERSONS

Bookkeeping

2020 General Information 2020

NEW CLIENT(S)? <input type="checkbox"/> YES <input type="checkbox"/> 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:				
<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household				
Affordable Care Act (ACA) Questions: Please circle one				
Did you have health insurance for all 12 months of 2020?				(Y) (N)
Did your spouse have health insurance for all 12 months of 2020?				(Y) (N)
Did your dependents have health insurance for all 12 months of 2020?				(Y) (N)
Did you have insurance through an employer in 2020?				(Y) (N)
Did your spouse have insurance through an employer in 2020?				(Y) (N)
Did your dependents have insurance through an employer in 2020?				(Y) (N)
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: _____ <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.		