



## Client Information (Returning clients: Please use for NEW INFO only.)

**Tax Year:**

Name of Taxpayer:

SS#:

Occupation:

Date of Birth:

Address:

City:

State:

Zip:

Primary Phone

Email:

Spouse / Marriage Partner:

SS#:

Occupation:

Date of Birth:

Address:

City:

State:

Zip:

Primary Phone

Email:

If you moved last year, your previous address:

Date of move:

## Dependents

Name	SS#	Date of Birth	Months in home	Relationship	Income over \$1050?	Disabled?	College Student?

## Additional Information

Driver's License ☐ or State ID ☐ number: \_\_\_\_\_ Issuing state: \_\_\_\_\_ Issue date: \_\_\_\_\_ Exp: \_\_\_\_\_

License / ID Number above is for: Taxpayer ☐ Spouse: ☐ I do not currently possess a D/L or state-issued ID: ☐

Document # (for NYS only - 8 or 10 digit number found at the lower right corner or back of ID): \_\_\_\_\_

Did you get married last year? ☐ Yes ☐ No Date: \_\_\_\_\_

Were you divorced or separated last year? ☐ Yes ☐ No Date: \_\_\_\_\_ Alimony: \$ \_\_\_\_\_ ☐ Paid ☐ Received

CA | NJ Residents Only: ☐ Own ☐ Rent your home. (Total annual rent paid: \$ \_\_\_\_\_)

If currently in the US on a Visa: Current Visa Type \_\_\_\_\_ Date arrived in the US \_\_\_\_\_

Are you being claimed as a dependent by your parents (or anyone else) on their tax return for last year? ☐ Yes ☐ No

**Direct Deposit** (For refunds) ☐ Checking ☐ Savings ☐ Joint Account • For accuracy, please submit a voided check •

Bank Name:

Routing #:

Account #:

**➡ New Clients: Please provide latest completed tax returns  
If you received a notice from any tax agency in the past year, please provide.**