

Client Information Sheet for Tax Appointment

Please fill out page one. This will ensure we have the most updated information for your tax appointment.

Name _____ SS# _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Please provide a copy of your State Id, or License

Number _____ State _____ Issue Date _____ Expiration Date _____

Filing Status: ☐ SINGLE ☐ HEAD OF HOUSEHOLD ☐ QUALIFIED WIDOWER

☐ MARRIED FILLING JOINTLY ☐ MARRIED FILING SEPARATE

Spouse Name _____ SS# _____ DOB _____

Please provide a copy of spouse State Id, or License

Number _____ State _____ Issue Date _____ Expiration Date _____

REFUND: ☐ Check ☐ Direct Deposit (*If Direct Deposit please provide additional Information*)

Routing # _____ Account # _____

Dependent Information

Name _____ SS# _____ DOB _____ Age _____

Name _____ SS# _____ DOB _____ Age _____

Name _____ SS# _____ DOB _____ Age _____

Name _____ SS# _____ DOB _____ Age _____

Use page 2 as a reference guide as you are gathering necessary documents.

Income

W-2
1099 (C MISC., INT., R., G-, DIV., C)
K-1 income
State Refund from Last Year
Dividend Income
Selling of Stocks, Bonds or Property
Alimony Received _____
Date of Divorce _____
Alimony Paid _____ (need full name & SS #)
Pensions & Annuities
Income from Rental Property
Gambling
SS Benefits

Expenses

Educators
Student Loans
Tuition Expense
Vehicle Taxes
Real Estate Taxes
Other Taxes
Medical Expenses and Miles
Safe Deposit Box
Investment Fees
Tax Preparation Fee
Gambling Losses
Expenses not reimbursed by employer
Moving expenses (more than 50 miles) job related
EP. &/OR IRA

Contributions

Church and non-cash
Non-Profit Organizations
Goodwill, Salvation Army, Kidney Foundation

Interest Expense

Home Mortgage
Second Mortgage
Investment Interest
Equity Credit Line

If you have any questions or need help gathering documents, please reach out and we will be more than happy to assist you. We look forward to seeing you at your tax appointment!

Notes