

CLIENT INFORMATION FORM

Section 1 HOUSEHOLD INFORMATION & PREFERENCES

TAXPAYER INFORMATION

Full Name (First, MI, Last)	SSN	Birthdate	IP PIN	Occupation
Email address	Phone Number	<i>May we contact you by text?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License No.	State	Issue Date	Exp Date	

SPOUSE INFORMATION

Full Name (First, MI, Last)	SSN	Birthdate	IP PIN	Occupation
Email address	Phone Number	<i>May we contact you by text?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License No.	State	Issue Date	Exp Date	

CURRENT MAILING ADDRESS

Street Address	City	State	Zip
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DIRECT DEPOSIT CONFIRMATION

If you prefer direct deposit for any eligible refunds, you must provide the following:

Bank Name	Routing No.	Account No.	Account Type (mark below): <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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TAX RETURN COPY

What type of tax return copy do you want for your personal records (mark below)?

Electronic Paper Copy (\$30 fee applies)

MARITAL & FILING INFORMATION

What was your marital status as of Dec 31st this past year (mark below)?

Married Married Filing Separate Single Widow(er)

Can anyone else claim you (or your spouse) as a dependent? Yes No

DEPENDENT INFORMATION

Full Name (First, MI, Last)	SSN	Birthdate	Relationship	Months in Home?	Full-Time Student?

Is it possible that any other adult (like your ex-spouse) will be claiming any dependents? Yes No

Are any dependents disabled? Yes No

Section 2 HOUSEHOLD INCOME & TAX INFORMATION

HOUSEHOLD INCOME INFORMATION

This past year did you receive, sell, exchange, gift, or dispose of a digital asset? Yes No

What is the **total** number of W-2 Forms? _____ Taxpayer _____ Spouse

What is the **total** number of 1099-R Forms? _____ Taxpayer _____ Spouse

What is the **total** number of Social Security (SSA-1099) Forms? _____ Taxpayer _____ Spouse

Did you receive any of the following income this last year? If so, mark below:

- | | |
|--|--|
| <input type="checkbox"/> Interest Income (1099-INT) | <input type="checkbox"/> Unemployment (1099-G) |
| <input type="checkbox"/> Dividends (1099-DIV) | <input type="checkbox"/> Gambling Winnings (W2-G) |
| <input type="checkbox"/> Investment Sales (1099-B) | <input type="checkbox"/> Third Party Payments (1099-K) |
| <input type="checkbox"/> Self-Employment (1099-NEC/MISC) | <input type="checkbox"/> Rental Income |

Other Income? If so, list type and amount below:

Did you receive an early distribution from a retirement plan to pay for any of the following?

- Medical Bills College Home Purchase

HEALTHCARE & CHILDCARE

Did you purchase health insurance from the marketplace? Yes No

If yes, you must have your 1095-A Form (Statement available at www.healthcare.gov)

Do you have a Health Savings Account (HSA)? Yes No

If yes, you must have your 1099-SA and 5498-SA (Often only available electronically from your HSA company)

Did you pay for dependent care expenses for children under 13 years old? *If yes, complete the following:*

Name of Child Care Provider	EIN/ or SSN	Provider Address	Total Paid

POSSIBLE CREDITS & DEDUCTIONS

Do any of the following apply this past year? If so, mark below:

- | | |
|---|--|
| <input type="checkbox"/> Mortgage Interest (1098) | <input type="checkbox"/> EDUCATOR'S ONLY: Unreimbursed Expenses |
| <input type="checkbox"/> College Tuition (1098-T) | <input type="checkbox"/> Energy Efficient Home Improvements (e.g. solar) |
| <input type="checkbox"/> Student Loan Interest (1098-E) | <input type="checkbox"/> Purchase of Electric Vehicle |

If contributions were made to any of the following, list the monetary amounts:

- | | | |
|---|--------------------|------------------|
| <input type="checkbox"/> Contributions to 529 | Taxpayer: \$ _____ | Spouse: \$ _____ |
| <input type="checkbox"/> Contributions to IRA | Taxpayer: \$ _____ | Spouse: \$ _____ |
| <input type="checkbox"/> Contributions to ROTH IRA | Taxpayer: \$ _____ | Spouse: \$ _____ |
| <input type="checkbox"/> Charitable Contributions | Taxpayer: \$ _____ | Spouse: \$ _____ |
| <input type="checkbox"/> Donated Goods (**Thrift Store Value) | \$ _____ | |
| <input type="checkbox"/> Unreimbursed Medical if total amount is over 7.5% of your income only | | |
| Premiums NOT paid through employer | \$ _____ | |
| Out of Pocket Medical Expenses | Taxpayer: \$ _____ | Spouse: \$ _____ |

Did you pay any estimated taxes this past year? If so, list the amounts paid each quarter.

Q1 \$ _____ Q2 \$ _____ Q3 \$ _____ Q4 \$ _____