

### New Client Information Sheet

Taxpayer Legal Name: _____	Spouse Legal Name: _____
Taxpayer DOB: _____	Spouse DOB: _____
Tax Payer SSN: _____	Spouse SSN: _____
Occupation: _____	Occupation: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

Address: \_\_\_\_\_  
 \_\_\_\_\_

School District Code: \_\_\_\_\_

Filing Status (circle one):      Single      Married Filing Jointly      Married Filing Separate  
   Head of Household      Dependent of Another      Qualifying Widower

Dependents: *(son, daughter, step-son, step-daughter, parent, grandparent, other)*

Name	DOB	SSN	Months in Home	Type (son, daughter etc)

Do you have childcare expense? Y or N

If yes, do you participate in Dependent Care Reimbursement through work? Y or N

Did you receive a stimulus payment? Y or N

If yes, how much did you receive? \_\_\_\_\_

In the event of refund, would you like it direct deposit? Y or N

If yes, please provide a voided check

Are you taking the standardized deduction? Y or N

If yes you can claim up to \$300 in above the line charitable contributions.

Are you waiting on any information, or is any information missing?  
 If yes, please list what's missing:

Taxpayer Signature: _____	Spouse Signature: _____
Date: _____	Date: _____

