

PLEASE PROVIDE DRIVER'S LICENSE TO BE COPIED

Date _____

Name: _____ **New Client Or Returning Client**

Phone: _____ **Returning Client:**
Any changes? YES NO

Email: _____

Preferred Contact Method? CALL TEXT EMAIL

Marital Status? MARRIED SINGLE

Who will be listed on this return?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>DATE OF BIRTH</u>
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<u>Current Address</u>	Check in the Mail OR Direct Deposit
_____	Routing # _____
_____	Account # _____
_____	CHECKING OR SAVINGS

Did you own your home and pay property tax in 2024? YES NO

Does everyone live at this location? YES NO If no, please explain:

Does anyone have Marketplace Insurance (Obamacare)? YES NO IF yes we need a 1095A.

Have you made any energy efficient home improvements? Doors, Windows, Insulation, Furnace, A/C, Water Heater, Wood Burner, Solar

Have you bought, sold or traded any cryptocurrency? YES NO

Do you have any foreign bank accounts? YES NO

Notes: _____

Client Initials _____

Employee Initials _____