PLEASE PROVIDE DRIVER'S LICENSE TO BE COPIED **Date**_____

Name:_____ **New Client OR Client Last Year**

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

Email:_____(REQUIRED FOR TRUMP ACCOUNTS)

Preferred Contact Method(s)? CALL TEXT EMAIL

Marital Status? **SINGLE** **MARRIED**
DEPENDENT OF PARENT? JOINT OR SEPARATE

Who will be listed on this return?

NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	LIVES AT LOCATION?	US CITIZEN?

TRUMP ACCOUNT FOR KIDS? NEED KIDS' MIDDLE NAMES & PARENT EMAIL!

Current Address

_____

_____

_____

Direct Deposit–MANDANTORY for refunds!

Routing #_____

Account #_____

CHECKING OR SAVINGS ??

Did you own your home and pay property tax in 2026? YES NO

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

Notes:_____

_____

_____

Please indicate if any of these apply to you:

DONATIONS/CHARITY_____

TIPS OVERTIME
MUST BE ON W-2 IN BOX 12 TP TT

HSA
NEED FORM 1099-SA

TEACHER EXPENSES

DAYCARE EXPENSES
NEED STMT FROM DAY CARE PROVIDER

IRA CONTRIBUTIONS
ROTH OR TRADITIONAL? AMOUNT?

NEW CAR LOAN
NEED FORM 1098-VLI

CRYPTOCURRENCY

FOREIGN BANK

COLLEGE
NEED 1098-T

Client Initials_____ Employee Initials_____