

Client Information Sheet - Please Complete

Are you a new or returning client? _____ How did you hear about us? _____

Taxpayer Name _____ Spouse Name _____

Soc Sec # _____ Birth Date _____ Soc Sec # _____ Birth Date _____

Job Title _____ Job Title _____

Address _____ County _____ School Dist _____

Marital Status: Single - Married - Head of Household - Divorced - Serperated - Widowed

Phone # _____ Residency: Full year _____ Part Year _____ Date of move _____

Email _____

Dependent Name/Relationship

Social Security #

Date of Birth

Please provide a copy of SS Card and Birth Certificate for all children

We also request a school record, medical record or child care provider stmt, that show name and address for child. This is required if you are claiming Head of Household or the Child Tax Credit.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxpayer

Spouse

Divers License Number _____

Issue Date of DL _____

Expiration Date of DL _____

ID code on License _____

(IDUSA on back of new licnese, Doc # lower right corner of old license)

Refunds or Balance Due Options

Refund _____ Direct deposit to your bank (2-4 weeks)

Routing Number _____ Account Number _____

_____ Paper check (6-8 weeks)

Balance Due _____ Electronic Funds Withdrawal (to be done on _____, 2026)(fill in acct info above)

_____ Pay by voucher/check by 4/15/26

Charitable Contributions

Church: \$ _____ Non Cash Donations (detailed list required) _____

Charities: \$ _____ Volunteer Expenses _____ Volunteer Mileage _____

Charitable Mileage _____

Did you have any transactions with virtual currency? If so please contact me