



NEW CLIENT DATA SHEET

PERSONAL INFORMATION:

Name(s) _____ Date: _____

Social Security # _____ Spouse Social Security # _____

Birth Date _____ Spouse's Birth Date _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Email Address _____

How did you hear about us? _____

Marital Status: Single Married Separated Widowed

Dependents (if applicable):

Child's Name _____ Social Security # _____

Birth Date _____ Relationship: _____

Child's Name _____ Social Security # _____

Birth Date _____ Relationship: _____

Child's Name _____ Social Security # _____

Birth Date _____ Relationship: _____

Did children live with you? Yes No How many months? _____ Are any full time students? Yes No

Did you have any other dependents that were not your children? Yes No

Name _____ Relationship _____ Social Security # _____

SECTION II:

YES

NO

Did you make any estimated payments? If yes: Amount Paid \$ _____ _____ _____

Are you currently on a payment plan with the IRS? _____ _____

Did you purchase, sell or refinance your home or any property? _____ _____

Did you buy or sell any stocks, bonds, or mutual funds? _____ _____

Did you make any contributions to an IRA, SEP, or SIMPLE plan? _____ _____

Did you receive a distribution from a retirement plan? _____ _____

Did you, your spouse or a dependent incur any tuition expenses to attend a college, university, or vocational school that you were not reimbursed for? _____ _____

Did you receive or pay any child / alimony support payments? Amount \$ _____ Paid or Received

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YES

NO

Did you include the amount you paid for your license tabs? _____

Did you make any Charitable Donations? _____

Did you have any Medical Expenses? (Prescriptions, Doctor Visit Copays, Eyeglasses, etc.) _____

Did you have Child Care Expenses? _____

Did you include your property tax statements, if applicable? _____

Do you have Health Insurance? _____

 Through Employer or Private Carrier? (Need 1095B or 1095C) _____

 Did you purchase Health Insurance through the Exchange? (Need 1095A) _____

Did you make any purchases where you paid a large amount of sales tax (i.e., vehicles, furnishings)? _____

Do you want to e-file your tax return? _____

If you receive a refund, would you like it Direct Deposited into your bank account? If yes: Bank Name _____

Routing #: _____ Bank Account # _____ Checking _____ or Savings _____

Is there anything else that you believe is pertinent information in preparing your tax return?
