



2023 TAX CLIENT INFORMATION SHEET

Taxpayer Name _____ SS# ____ - ____ - ____ BDay ____ / ____ / ____

Occupation _____

Spouses Name _____ SS# ____ - ____ - ____ BDay ____ / ____ / ____

Occupation _____

Mailing Address _____ Zipcode _____

Phone#'s _____ Cell _____ Work _____

How late may we contact you? _____ **I will call anytime if you put anytime!**

Email _____ Do you want an electronic copy? Y/N

Dependent Information Please note if you are a return client we still need months in home or if someone else is claiming the child. Please mark Son, Daughter, or Other as well.

Name _____ Age _____ BDay ____ / ____ / ____ S _ D _ O _

Social Security# ____ - ____ - ____ Mths in Home ____ Is someone else claiming child? ____

Name _____ Age _____ BDay ____ / ____ / ____ S _ D _ O _

Social Security# ____ - ____ - ____ Mths in Home ____ Is someone else claiming child? ____

Name _____ Age _____ BDay ____ / ____ / ____ S _ D _ O _

Social Security# ____ - ____ - ____ Mths in Home ____ Is someone else claiming child? ____

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Name _____ Age _____ BDay ____ / ____ / ____ S _ D _ O _

Social Security# ____ - ____ - ____ Mths in Home ____ Is someone else claiming child? ____

FILING STATUS PLEASE CHECK ONE! If your status **changed**, please give us the date.

Married ___ Single ___ Married Filing Separately ___ Head of Household ___ **Date** _____

Surviving Spouse of Deceased ___ Date of Passing ____ / ____ / ____

RESIDENCE INFORMATION

What state do you live in? _____ Have you recently moved out of your home state? _____ If yes:

Dates ____ / ____ / ____ to ____ / ____ / ____ State Name _____ Where you came from? _____

Dates ___ / ___ / ___ to ___ / ___ / ___ State Name _____ Your new location.

IF YOU ITEMIZE DID YOU REMEMBER THE FOLLOWING?

Medical Expenses (Dental, Eye, Prescriptions, Doctors, Etc.)

1098 Mortgage Interest Statements on Primary and Secondary Residence

Real Estate Taxes

Charitable Contributions Charitable Miles

DID YOU BRING THE FOLLOWING TO ENSURE WE DIDN'T MISS ANYTHING!

All W-2's from all employers how many did you bring? _____

1099-Interest and Dividend Income, Social Security, Annuities, Tax Refunds, Unemployment _____

Pin Issued by IRS _____

HSA 1099SA

Gambling Winnings

IRA Contributions

Adoption Expenses

Estimated Taxes Y/N If Yes Please Provide Dates of Payment and Amounts

Mileage **CAUTION** If claiming mileage you must be able to prove documentation in an audit!

HOW WOULD YOU LIKE TO FILE PLEASE CIRCLE ONE?

E-FILE Pay upfront with Cash, Check or Credit Card Y/N

DD have voided check to apply and pay upfront with Check, Cash, or Credit Card Y/N

Bank Name _____ RTN _____ ACCT _____

Bank Product Y/N

Do you have Marketplace Insurance? Y or N

If yes we must have your 1095A

Do you have insurance through your employer? Y or N

IF YOU ARE A NEW CLIENT WHO MAY WE THANK?

AD _____ FRIENDS NAME _____ PASSED RETURN CLIENT _____

ASK YOUR PREPARER FOR MORE INFORMATION!!