

NEW Client Information Form for Tax Year 2018

If you are not filling in this form online, please *use blue or black ink only and print legibly.*

Taxpayer

Legal Name (first, MI, last): _____

Address: _____ Zip: _____

Occupation: _____

Birth Date: _____ SSN: _____

Driver's License State: _____ Number: _____

Issued Date: _____ Expiration Date: _____

Do you want \$3 of your taxes to go to the Presidential Election Campaign Fund? Yes ___ No ___

Spouse

Legal Name (first, MI, last): _____

Field of employment: _____

Birth Date: _____ SSN: _____

Driver's License State: _____ Number: _____

Issued Date: _____ Expiration Date: _____

Do you want \$3 of your taxes to go to the Presidential Election Campaign Fund? Yes ___ No ___

Taxpayer Cell phone: _____

Spouse Cell phone: _____

Taxpayer Work phone: _____

Spouse Work phone: _____

Home phone: _____

Email address: _____

If **Refund** I/We would like to receive by: Automatic Deposit ___ or Paper Check ___

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking ___ or Savings ___

If **Tax Due** pay by: Automatic Debit ___ or Paper Check ___

Dependent #1

Name: _____

Birth Date: _____

SSN: _____

of months lived with you in 2017: _____

Relationship: _____

Dependent #3

Name: _____

Birth Date: _____

SSN: _____

of months lived with you in 2017: _____

Relationship: _____

Dependent #2

Name: _____

Birth Date: _____

SSN: _____

of months lived with you in 2017: _____

Relationship: _____

Dependent #4

Name: _____

Birth Date: _____

SSN: _____

of months lived with you in 2017: _____

Relationship: _____

If you have more than four dependents, please write the additional ones on the back of this form.

What state(s) are you resident(s) of? _____ Dates of residency: _____

Did you refinance a home this year? Yes ___ No ___

If so, please bring the Closing Disclosure and purpose for funds, if cash out.

Did you pay or receive Alimony this past year? Yes ___ No ___

If yes, ex-spouse's **legal** name and SSN and date of divorce: _____

I affirm that all typed/hand-written information on this checklist is correct to the best of my knowledge:

Signed: _____ Date: _____