

# NEW Client Information Form for Tax Year 2020

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 2018: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Dependent #3

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
SSN: \_\_\_\_\_  
# of months lived with you in 2018: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Dependent #2

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
SSN: \_\_\_\_\_  
# of months lived with you in 2018: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Dependent #4

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
SSN: \_\_\_\_\_  
# of months lived with you in 2018: \_\_\_\_\_  
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: \_\_\_\_\_