

# RETURNING 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: \_\_\_\_\_  
Field of employment: \_\_\_\_\_  
Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_  
Issue 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: \_\_\_\_\_  
Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_  
Issue 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: Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

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 \_\_\_

Are dependents the same as last year? Yes \_\_\_ No \_\_\_ (*only note changes or new additions*)

NOTES: \_\_\_\_\_

## Additional Dependent #1

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Number of months lived with you in 2019: \_\_\_\_\_

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

## Additional Dependent #2

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Number of months lived with you in 2019: \_\_\_\_\_

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

*If there are more than two changes to dependents, please write the additional ones on the back of this form.*

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

Did you have any crypto-currency transactions this past year? Yes \_\_\_ No \_\_\_

If so, please bring all of your records regarding these transactions.

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

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_