Client Information Sheet

Mark all boxes () if same as prior y	<u>ear</u>				
Tax Year:					
Taxpayer:	DOB[SS# 🗌 _			
Spouse:	DOB	SS#			
Current address:					
If filing state return Taxpayer State	License#	Issue Date	eExpiration	Date	
If filing state return Spouse's State	License#	Issue Date	Expiration 1	Date	
Contact Information:					
☐ Work: ()	Home: ()			
☐ Cell: (Best time to	o call:			
☐ Email address Taxpayer:		Email address Spou	se:		
Dependents (or persons living in your	household eligil	ble to be claimed)		Yes	<u>No</u>
NameDO	OB/	SS#	College		
NameDO	OB/	SS#	College		
NameDO	OB//	SS#	College		
Bank Account Information For IRS V	Vithdraw Or De	posit:			
Bank Name	Accoun	t Type: Checking	Savings Jo	oint	
Account Number		Routing Number			
Did you on your anayse receive Unempl	ormant in 2022)		Yes	No
Did you or your spouse receive Unempl	·	!			
Did you buy and/or sell a house in 202 (If yes, provide the closing statement(s)					
Did you buy or sell any stock in 2023?	(If yes, please pr	ovide 1099)			
Do you have a foreign bank account , or any foreign investments?					
Did you buy, sell, exchange, or send any	virtual currence	ey? If yes, provide all	necessary document.		
Did you buy any clean energy new or used vehicle? If yes, provide a copy of the registration.					
Did you install any energy efficient improvements or energy property in your residence such as					
exterior doors or windows, insulation, ce				ils:	
Did you install any alternative energy equipment in your residence such as solar water heaters, solar					
electricity equipment (photovoltaic) or fi			ŕ		
Did you pay for childcare while you worked or looked for work? If yes, provide details:					
Did you or any dependents enrolled at least part-time in any higher education If yes, provide					
Form 1098-T (Tuition)	•		• • •		_

Did you have marketplace health insurance during 2023? If yes, provide Form 1095-A
Preferences:
Refund from IRS: Direct Deposit (Yes No) or Paper Check (Yes No)
Balance due to IRS: Direct Debit (Yes No) or Mail in Check (Yes No)
Oid You Pay Estimated Income Tax Payments (Not Payroll Taxes)
1st Estimated Payment Date Amount Paid \$
Accepted by: Date: Taxpayer's signature
Spouse's signature Date: