

NEW CLIENT INFORMATION FORM

DATE _____ TAX YEAR _____

TAXPAYER _____ SPOUSE _____

SOC. SEC. # _____ SOC. SEC. # _____

DATE OF BIRTH _____ DATE OF BIRTH _____

OCCUPATION _____ OCCUPATION _____

CELL PHONE _____ CELL PHONE _____

WORK PHONE _____ WORK PHONE _____

EMAIL _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME # _____

DID YOU HAVE HEALTH INS. ALL YEAR? _____ IF NOT, HOW MANY MONTHS? _____

WAS YOUR HEALTH INS. THROUGH COVERED CALIFORNIA/EXCHANGE? _____
IF SO, NEED 1095-A...

FILING STATUS:

SINGLE [] MARRIED [] MARRIED FILING SEPARATE []

DEPENDENTS:

YES [] NO []

IF YES:

NAME	RELATIONSHIP	SOCIAL SECURITY	D.O.B.

DIRECT DEPOSIT INFORMATION:

BANK NAME _____ CHECKING [] SAVINGS []

ROUTING # _____ ACCOUNT # _____

YOU MUST PROVIDE US WITH THE FOLLOWING ITEMS AT LEAST 1 WEEK PRIOR TO YOUR APPOINTMENT:

- COPY OF PRIOR YEAR'S TAX RETURNS (ONLY FOR INDIVIDUALS WHO ARE NEW CLIENTS).
- YEAR END TAX FORMS/DOCUMENTS. (W-2, 1099-R, 1099-MISC., 1099-INT, 1099-DIV, 1099-B, 1098, 1098-T, 1098-E, ETC.)
- COPY OF DRIVER'S LICENSE FOR TAXPAYER & SPOUSE.

REFERRED BY: _____