

New Client Information

Filing Status	Filing Status (see table) _____	Years Filing: _____	Filing Status
	Married Filing Separate and lived with spouse <input type="checkbox"/>		1. Single 2. Married - Joint 3. Married - Separate 4. Head of Household 5. Qualifying Widow(er)
Taxpayer	First Name and Initial	_____	
	Last Name	_____	
	Title/Suffix	_____	
	Social Security Number	_____	
	Occupation	_____	
	Date of Birth (M/D/Y)	_____	
	Date of Death (M/D/Y)	_____ (if applicable)	
	Blind <input type="checkbox"/>		
Retired/Active Military <input type="checkbox"/>	Military Branch: _____		
Spouse	First Name and Initial	_____	
	Last Name	_____	
	Title/Suffix	_____	
	Social Security Number	_____	
	Occupation	_____	
	Date of Birth (M/D/Y)	_____	
	Date of Death (M/D/Y)	_____ (if applicable)	
	Blind <input type="checkbox"/>		
Retired/Active Military <input type="checkbox"/>	Military Branch: _____		
Address	Street Address	_____	
	Apartment Number	_____	
	City	_____	
	State	_____	
	Zip	_____	
Taxpayer Contact Information	Home Phone	_____	
	Work Phone & Extension	_____	
	Mobile Phone	_____	
	Please check if okay to text appointment details or status updates <input type="checkbox"/>		
	Email Address	_____	
Preferred Contact Method	_____		
Spouse Contact Information	Home Phone	_____	
	Work Phone & Extension	_____	
	Mobile Phone	_____	
	Please check if okay to text appointment details or status updates <input type="checkbox"/>		
	Email Address	_____	
Preferred Contact Method	_____		
Banking Information	Bank Name	_____	Used to directly deposit refunds (if applicable)
	Account Type	_____	
	Routing Number	_____	
	Account Number	_____	
Referral	Referred by	_____	



New Client Dependent Information

	Dependent	Dependent	
First Name			Type of Dependent 1. Child at home 2. Child not at home 3. Dependent other than child 4. Head of house only, not a dependent 5. Earned Income Credit only, not a dependent
Last Name			
Title/Suffix			
Date of Birth (M/D/Y)			
Social Security Number			
Relationship			
Months lived at home			
Type of Dependent (see table)			
Earned Income Credit (see table)			
Claimed by: 1=Taxpayer, 2=Spouse			
	Dependent	Dependent	
First Name			Earned Income Credit 1. When applicable 2. Student age 19-23 3. Disabled age 19 or older 4. Force 5. Suppress
Last Name			
Title/Suffix			
Date of Birth (M/D/Y)			
Social Security Number			
Relationship			
Months lived at home			
Type of Dependent (see table)			
Earned Income Credit (see table)			
Claimed by: 1=Taxpayer, 2=Spouse			
	Dependent	Dependent	
First Name			Special Notes:
Last Name			
Title/Suffix			
Date of Birth (M/D/Y)			
Social Security Number			
Relationship			
Months lived at home			
Type of Dependent (see table)			
Earned Income Credit (see table)			
Claimed by: 1=Taxpayer, 2=Spouse			
	Dependent	Dependent	
First Name			
Last Name			
Title/Suffix			
Date of Birth (M/D/Y)			
Social Security Number			
Relationship			
Months lived at home			
Type of Dependent (see table)			
Earned Income Credit (see table)			
Claimed by: 1=Taxpayer, 2=Spouse			