



NEW CLIENT FORM

| 1. Personal Information | | | | |
|-------------------------|------|---------------|------------|------------|
| Name | SSN | Date of Birth | Occupation | Phone |
| Tax Payer | | | | |
| Spouse | | | | |
| Street Address | City | State | Zip | Home Phone |
| Email Address | | | | |

| | <u>Tax Payer</u> | <u>Spouse</u> | <u>Marital Status</u> | |
|---------------------|--|--|------------------------------------|---|
| Blind | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Married | Will File Joint: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single | |
| Pres. Campaign Fund | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Widow(er) | Date of Spouses Death: _____ |

| 2. Dependents (Children & Others) | | | | | | | | |
|-----------------------------------|--------------|---------------|-----------------------|-----|----------|------------|--------------------|-------------------|
| Name (First & Last) | Relationship | Date of Birth | Months Lived With You | SSN | Disabled | FT Student | Deps. Gross Income | ID Protection PIN |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

3. Documents Required

- 2 years of prior year tax returns
- Driver's License(s)
- All Tax Statements/Documents (See Checklist)

Please do not upload or drop off unless you have all required documents ready

4. Questions - Please answer the following questions to determine maximum deductions.

| | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 1. Are you self-employed or do you receive hobby income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Do you have a foreign bank account, trust or business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you receive income from raising animals or crops? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Do you provide a home for or help support anyone not listed in Section 2 above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did you receive rent from real estate or other property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Did you receive any correspondence from the IRS or State Department of Taxation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents?

Yes No

9. Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?

Yes No

5. Did you withdrawn or write checks from a mutual fund?

Yes No

10. Did you give a gift of more than \$15,000 to one or more people?

Yes No

11. Did you have any debts cancelled, forgiven or refinanced?

Yes No

12. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?

Yes No

13. Did you pay you expenses for yourself, your spouse or your dependent to attend classes beyond high school?

Yes No

5. Banking Information (if you would like to receive direct deposit or electronic funds withdrawal)

Bank Name: _____

Joint Account

Account Number: _____

Checking

Routing Number: _____

Savings

If you owe, would you like the funds withdrawn electronically *(if applicable)*?

Yes No

(If yes, when your return is complete, we will call you and ask for a date)

6. How did you hear about us?

Inside Coup Ad (Coupon Booklet)

Refer-A-Friend

Road Sign

Who referred you?

Walk In

Name: _____

Road Sign

Were you referred to a specific preparer? _____

Returning Client (Previous Years)

Other: _____