



# 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				

<b>Tax Payer</b>	<b>Spouse</b>	<b>Marital Status</b>
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: _____

### Covid-19 Relief

Did you receive Round 3 of the Economic Impact/Stimulus Payment?  Yes  No If yes, How much? \_\_\_\_\_

### Advanced Child Tax Credit

Did you receive monthly payments?  Yes  No If yes, How much per month? \_\_\_\_\_

## 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?  Yes  No 8. Did you receive any correspondence from the IRS or State Department of Taxation?  Yes  No

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 Did you withdrawn or write checks from a mutual fund?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 (For tax preparation appointments only)**

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

Joint Account

Account Number: \_\_\_\_\_

Checking

Routing Number: \_\_\_\_\_

Savings

If you owe, would you like the funds withdrawn automatically (if applicable)?  Yes

*(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: \_\_\_\_\_