

NEW CLIENT TAX INFORMATION FORM

Please fill out in its entirety to ensure that we have the most up to date information.

CLIENT FILE NAME: _____
TAX YEAR: _____

*ADDRESS

CLIENT NAME:
*TAXPAYER: _____
SSN: _____
DOB: _____
OCCUPATION: _____

*SPOUSE: _____
SSN: _____
DOB: _____
OCCUPATION: _____

*CONTACT NUMBER, the best number you can be reached at. How do you prefer to be contacted? Circle one (text) (email) (call)

*Point of Contact: _____
*Home/Work: _____
*Cell: _____

Text alerts: Circle one (yes) (no)

*TAXPAYER email: _____ (this is where your tax return will be delivered)

*SPOUSE email: _____ (this is where your tax return will be delivered)

*ALABAMA STATE TAX FILIERS required to e-file

*Taxpayer Lic No: _____
*Spouse Lic No: _____
*Issue/Exp Date: _____
*Issue/Exp Date: _____

*FILING STATUS *check one*

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Qualifying widow(er) with dependent child

Schedule C/E

circle one

(YES) Payments were made that require filing Form(s) 1099M
(NO) Payments were made that require filing Form(s) 1099M
 If YES, all required Form(s) 1099M were or will be filed

Signature:

*BANKING INFORMATION

Please provide us with a copy of a check or membership card.

*DEPENDENTS (other than yourself, who are you claiming for this tax year?)

NAME	DOB	SS#
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Have you undergone any extraordinary life change, financial changes or change in residence. If yes, please explain

*Do you have ownership, or beneficiary in any of the following: Circle if applies
(Sole Proprietorship), (C Corporation), (S Corporation), (Partnership), (Trust), (Other)?

- *Do you and your family have healthcare Insurance? Circle one (yes) (no) (exchange)
- *Do you have a Will? Circle one (yes) (no)
- *Do you have a Trust? Circle one (yes) (no)
- *Do you have a Durable Financial Power of Attorney? Circle one (yes) (no)
- *Do you currently have investments? Circle one (yes) (no)
- *Do you currently have a retirement plan? Circle one (yes) (no)
- *Do you have life insurance? Circle one (yes) (no)
- *Are you receiving our monthly newsletter? Circle one (Add me) (yes) (no)

As a small business, we thrive on word of mouth. Please like us on facebook, leave us a review on google, or even refer a friend to us for a discount.