



Date _____

Check Preferred Method of Contact:

Client Name _____

Home Phone _____

DOB _____

Cell Phone _____

SSN _____

E-mail Address _____

Spouse Name _____

(For New Clients or if address changed)

DOB _____

Address _____

SSN _____

Driver's License Info

Client

Driver's License # _____

Expiration Date _____

Issue Date _____

State Issued _____

Spouse

Driver's License # _____

Expiration Date _____

Issue Date _____

State Issued _____

Dependent Info:

Full Name	DOB	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*For each client, spouse, and dependent, we will need to see form 1095 A, B, or C if everyone on the return had health insurance. If you or anyone on your return did not have health insurance for the full year, please list the months below in which you, your spouse, or any dependents did not have health insurance.

Client _____

Spouse _____

Dependent _____

Dependent _____

Dependent _____

Dependent _____

Direct Deposit Information - If you expect to receive a refund:

Routing #: _____

Checking

Account #: _____

Savings