Client Information Sheet Tax Year 2021



	Filed with our Firm Las New Client	t Year	Date		accounting. taxes. money. the bottom line.	
1	Primary Taxpayer		2 Sp	ouse		
Full Nan	ne		Full Name			
Social Se	ecurity # Da	ate of Birth	Social Security	/ #	Date of Birth	
Street A	ddress		Street Address	S		
City, Sta	te, Zip Code		City, State, Zip	o Code		
E-Mail Address			E-Mail Address			
Preferred Phone #			Preferred Phone #			
Occupation			Occupation			
Is anyone claiming you as a dependent?			Is anyone claiming you as a dependent?			
(3)	Marital Status Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow(er)	(4) ECONOMIC IMPACT PAYMENT How much did you receive for the 3rd Economic Impact Payment? (March 2021) (Please provide Notice 1444-C and/or Letter 6475) NOTES:				
5	Dependents					
	Name	Relationship	Dat	e of Birth	Social Security #	
6 Total An	Advance Child Tax Cronount Received:	edit Payments (P	-	Letter 6419: Jalifying Childre	· · · · ·	
(7) [Dependent Care Ex Dependent's Name		lress of Provider	EIN	# Amount Paid	
-	Digital Currency ime during 2021, did you reco irtual currency? YE	eive, sell, send, exch ES (Please elaborate	-	se acquire and f	inancial interest NO	

)
/

EIN #

10	Marketplace Healt	h Coverage							
-	ne on your Tax Return purc healthcare.gov?	hase Health Insurance C	overage from the Marketpla	ce through the					
YES	0	e Form 1095-A)	NO						
(11)	Refund Direct Depo								
U	Refutitu Direct Dept								
If you ree	ceive a refund would you lik								
_				YES	NO				
lf you wa	int Direct Deposit, please pr	ovide the following:							
				Checking					
Name	of Banking Institution	Routing #	Account #	Savings					
(12)	Payment for Servic	es							
\bigcirc									
	I will pay my Tax Preparation Fee at the time of completion								
	I would like my Tax Prepa	aration Fee deducted fro	om my refund for an addition	al \$50 charge					
(13)	Identification								
\bigcirc		f vour identity Be sure	we have a current copy of yo	our Driver's Licen	se.				
	ssued ID Card, or a Passport	•	we have a current copy of y		50,				
(14)	Additional Informa	tion							
If there are any special circumstances that you need to make us aware of, please use the space below:									

15 Declaration of Responsiblities

In the event of an Audit, you will be responsible for documenting the deductions taken on your Tax Return. Be sure to keep all tax forms, receipts, check images, and/or proof of charitable contributions for at least 4 years. Taxpayer's with Real Estate should keep property records for the life of ownership.

I certify that the information and statements provided on this form are true and correct to the best of my knowledge, and that I understand the record keeping requirements.