

Client Information Sheet Tax Year 2021



Filed with our Firm Last Year _____
New Client _____

Date _____

① Primary Taxpayer

② Spouse

Full Name _____
Social Security # _____ Date of Birth _____
Street Address _____
City, State, Zip Code _____
E-Mail Address _____
Preferred Phone # _____
Occupation _____
Is anyone claiming you as a dependent? _____
Y/N

Full Name _____
Social Security # _____ Date of Birth _____
Street Address _____
City, State, Zip Code _____
E-Mail Address _____
Preferred Phone # _____
Occupation _____
Is anyone claiming you as a dependent? _____
Y/N

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	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

⑥ Advance Child Tax Credit Payments (Please provide Letter 6419: 2021 Advance CTC)

Total Amount Received: _____ Number of Qualifying Children: _____

⑦ Dependent Care Expenses

Dependent's Name	Name & Address of Provider	EIN #	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

⑧ Digital Currency

At any time during 2021, did you receive, sell, send, exchange or otherwise acquire and financial interest in any virtual currency? YES (Please elaborate) _____ NO _____

