**NEW Client Information Form**If you are not filling in this form online, please use blue or black ink only and print legibly

Taxpayer
 Legal Name (first, MI, last): Click or tap here to enter text.
 Address: Click or tap here to enter text.
 Field of employment: Click or tap here to enter text.
 Date of Birth:Click or tap here to enter text. SSN: Click or tap here to enter text.
 Driver’s License State: Click or tap here to enter text. Number: Click or tap here to enter text.
 Issued Date:Click or tap here to enter text. Expiration Date: Click or tap here to enter text.
 Do you want $3 of your taxes to go to the Presidential Election Campaign Fund? Yes [ ]  No [ ]
Spouse
 Legal Name (first, MI, last): Click or tap here to enter text.
 Field of employment: Click or tap here to enter text.
 Date of Birth: Click or tap here to enter text. SSN: Click or tap here to enter text.
 Driver’s License State: Click or tap here to enter text. Number: Click or tap here to enter text.
 Issued Date: Click or tap here to enter text. Expiration Date: Click or tap here to enter text.
Do you want $3 of your taxes to go to the Presidential Election Campaign Fund? Yes [ ]  No[ ]

Taxpayer Cell phone: Click or tap here to enter text.
Spouse Cell phone: Click or tap here to enter text.
Taxpayer work phone: Click or tap here to enter text.
Spouse work phone: Click or tap here to enter text.
Home phone: Click or tap here to enter text.
Email address: Click or tap here to enter text.

If **Refund** I/We would like to receive by: Automatic Deposit [ ]  Or Paper Check [ ]
 Bank Name:Click or tap here to enter text.
 Bank Routing Number: Click or tap here to enter text.
 Bank Account Number: Click or tap here to enter text.
 Checking [ ]  Savings [ ]

Dependent 1
 Name: Click or tap here to enter text.
 Date of Birth: Click or tap here to enter text.
 SSN: Click or tap here to enter text.
 Number of months lived with you in 2021: Click or tap here to enter text.
 Relationship: Click or tap here to enter text.

Dependent 2
 Name: Click or tap here to enter text.
 Date of Birth: Click or tap here to enter text.
 SSN: Click or tap here to enter text.
 Number of months lived with you in 2021: Click or tap here to enter text.
 Relationship: Click or tap here to enter text.

Dependent 3
 Name: Click or tap here to enter text.
 Date of Birth: Click or tap here to enter text.
 SSN: Click or tap here to enter text.
 Number of months lived with you in 2021: Click or tap here to enter text.
 Relationship: Click or tap here to enter text.

What state(s) are you resident(s) of? Click or tap here to enter text. Dates of residency: Click or tap here to enter text.
Did you refinance a home this year? Yes [ ]  No [ ]
 If so please bring the closing disclosure and purpose for funds, if cash out.
Did you receive Alimony this past year? Yes [ ]  No [ ]
 If yes, ex-spouse’s legal name and SSN: Click or tap here to enter text.

I affirm that all typed/hand-written information on this checklist is correct to the best of my knowledge:

Signed: Click or tap here to enter text. Date: Click or tap here to enter text.