**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.