

"NEW" Client Information (2019)

How did you hear about us? _____

Paula's SavTax will prepare your federal and state income tax returns based on the information you furnish to us.

It is your responsibility to provide all the information necessary to complete your tax returns. In addition, you will retain all necessary supporting documentation should it be required for an audit examination at a later date either by the IRS or state. You acknowledge the possibility that the IRS may reject your tax return due to incorrect names, social security number or birthdates. If your income tax refund is kept by the Internal Revenue Service (IRS) to be applied to a prior debt, you agree to pay all the fees incurred in processing your return, including, but not limited to Electronic Filing fees and all tax preparation fees.

Minimum \$40 Consultation Fee applicable if data is entered into our tax preparation software and you elect to go elsewhere.

Taxpayer

Social Security Number Name Date of Birth Occupation

Address City State Zip Code

Do you have Health Insurance? No Yes Provider? _____

Cell Phone# _____ Home Phone# _____

Email Address _____

Spouse

Social Security Number Name Date of Birth Occupation

Address City State Zip Code

Do you have Health Insurance? No Yes Provider? _____

Cell Phone# _____ Home Phone# _____

Email Address _____

As of December 31, 2018 were you?

- Married? Did you live with your spouse during any part of the **last six months of 2018**? Yes No
- Divorced? Date of final decree: _____
- Legally Separated? Date of separate maintenance agreement: _____
- Widowed? Year of Spouse's death: _____
- Single?

- Do you owe any DELINQUENT Federal taxes? Yes Did you pay any ESTIMATED Federal taxes? Yes
- Do you owe any DELINQUENT State taxes? Yes Did you pay any ESTIMATED State taxes? Yes
- Are you in DEFAULT of any Student or VA loans? Yes Do you owe Child Support? Yes

Complete the Back Side

Dependent Information –		<input type="checkbox"/> YES	<input type="checkbox"/> NONE			
Name / Social Security Number	Relationship to You	# Months Lived in Your home in 2018	Birth Date	Full Time Student	U.S. Citizen	Health Insurance
_____ 1) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 2) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 3) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 4) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 5) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to receive automated phone calls and/or text messages at the phone numbers provided above about my tax returns and future reminders/offers (Not a condition for purchase).

You represent to us that the information provided is true, complete and accurate.

(Both spouses must sign for the preparation of joint returns)

 Taxpayer Signature Date Spouse Signature Date

Office Use Only: Reviewed By _____