



CLIENT INFORMATION SHEET-2023 (TY 2022)

MARTIAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED			
New clients, how did you hear about us?			Who referred you?			
1. Can someone claim YOU as a dependent? 2. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace?..... <i>If Yes, do you have FORM 1095-A? We will need it to complete your tax return</i> 3. Did you receive unemployment? <i>If Yes, do you have FORM 1099-G? We will need it to complete your tax return</i> 4. Did you attend college or other accredited secondary educational institution?..... <i>If Yes, do you have FORM 1098-T?.....</i> 5. In 2021, did you receive, sell, exchange or dispose of any financial interest in virtual currency?(Crypto, Bitcoin) 6. Do you have any interest or authority over any foreign account or foreign trust?			Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
TAXPAYER INFORMATION		SPOUSE INFORMATION				
Name (First, Initial, Last Name)		Name (First, Initial, Last Name)				
SSN	Date of Birth	SSN	Date of Birth			
Driver License/State ID #	State ISS Date Exp Date	Driver License/State ID#	State ISS Date Exp Date			
Occupation Disabled <input type="checkbox"/>		Occupation Disabled <input type="checkbox"/>				
Cell Phone	Alternate Phone	Cell Phone	Alternate Phone			
May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>				
E-Mail Address		E-Mail Address				
Mailing Address Apt/Lot #						
City	State Zip					
Did you live at this address all year? Yes No						
Security Question: What is your mother's maiden name?						
Is tax payer active military?						
Is spouse active military?						
DEPENDENT INFORMATION		Same as Last Year <input type="checkbox"/>				
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled <input checked="" type="checkbox"/>	College Student <input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

(Over)

