

CLIENT SHEET

Filing Status _____

CLIENT CODE

(1) Single, (2) Married Filing Joint, (3) Married Filing Separate, (4) Head Of Household

(x) If you were married but lived apart all year _____

TAXPAYER

SPOUSE

Please Print

Social Security # _____

First Name _____

Last Name _____

Occupation _____

Date of Birth _____

Daytime Phone # _____

Evening Phone # _____

Cell Phone # _____

E-mail Address _____

Bank Info: Routing # _____ Acct # _____

Bank Name: _____ Checking / Savings: _____

Current Mailing Address

Street Address _____ Apartment # _____

City _____ State _____ Zip _____

County: _____

Dependent Information

First name	Last Name	DOB	Social Security #	Relationship

Healthcare Info:

Did you have health insurance during this tax year? ☐ YES ☐ NO

Date of Coverage: _____

Did you purchase health insurance through the Marketplace? ☐ YES ☐ NO

If yes, you must have your form 1095A to file.

****You MUST send a copy of the front & back of your state photo ID with your documents.****