

CLIENT INFORMATION SHEET - 2017

NAME _____ SSN: _____ - _____ - _____ DATE OF BIRTH _____
SPOUSE _____ SSN: _____ - _____ - _____ DATE OF BIRTH _____
ADDRESS _____ STATE _____ ZIP _____
YOUR JOB TITLE _____ YOUR SPOUSE JOB TITLE _____
HOME PHONE _____ WORK PHONE _____ CELL # _____
Email address _____

Are you legally married? _____ Were you age 23 and under and a full time student at the end of 2017? _____

FILING STATUS: () Single () Married filing joint () Head of Household
() Married filing separate () Qualifying Widow(er), enter year spouse died _____

DEPENDENTS:

Name	Date of Birth	Age	Soc. Sec. #	Relationship
1. _____	_____	_____	_____-_____-_____	_____
2. _____	_____	_____	_____-_____-_____	_____
3. _____	_____	_____	_____-_____-_____	_____
4. _____	_____	_____	_____-_____-_____	_____

Does your name and the name of your dependents match the name on the social security card? Y N

Number of months your dependents lived in your home in 2017? months.

Do you have proof of disability for qualify child (EITC)? Y N

DID YOU HAVE MEDICAL INSURANCE FOR EVERY PERSON IN THE HOUSEHOLD 2017? Y N

1. Do you have proof of all income from all sources, i.e., all W-2s, 1099s, S/E income, etc.? YES NO
2. Did you receive unemployment, retirement or Social Security last Year? (Amount _____) YES NO
3. Did you have gambling winnings last year? Do you have all W-2Gs from all casinos? YES NO
4. Do you owe back taxes, child support or delinquent student loans? YES NO
5. Did you receive dividends or interest income? Did you sell stocks or sell your home? YES NO
6. Did you pay college tuition for yourself or a dependent? (AMOUNT _____) YES NO
7. Do you have child care expenses? (need provider's name, address, ID #, and amount paid) YES NO
8. Did you make IRA contributions? (self amount _____ spouse amount _____) YES NO
9. Did you file a tax return last year? (Are all prior years' tax current) YES NO
10. Have you ever been denied the Earned Income Tax Credit? YES NO
11. Does any of the household members listed above file taxes? YES NO
12. Will any household member listed be claimed as a dependent on another return? YES NO
13. Type of Refund: Check (fees w/h) Visa Card (fees w/h) Direct Deposit (up to 21 days fees w/h)
 Direct Deposit (up to 21 days fees paid up front) Mailed Check (21-28 days fees paid up front)

****YOU MUST HAVE TWO FORMS OF IDENTIFICATION - ONE MUST BE A VALID PICTURE ID****

Closest relative that **DOES NOT** live with you: Name _____
Relationship _____ Phone Number _____

I certify that I understand the questions above, that the information I have provided is true and correct to the best of my knowledge and that I am legally entitled to claim the dependent(s) listed.

Signature

Today's Date

Note: I am mandated to e-file all returns this year. **No more paper tax returns.** (Some exceptions)