



# Client Information Form

New Client

Prior Year Client

Tax Return:

1095A Healthcare.gov

Previous Year Return

Paper Copy

Portal

Email

Have you or your spouse ever been the victim of identity theft?

Yes

No

## Taxpayer Information

Name

SS#

Date of Birth

Driver's License #

Issue Date

Exp. Date

Occupation

Cell or Home Phone

Email Address

Address

Township

## Spouse Information

Name

SS#

Date of Birth

Driver's License #

Issue Date

Exp. Date

Occupation

Cell or Home Phone

Email Address

## Dependents

Name

Date of Birth

SS#

Direct Deposit

Savings

Checking

Routing #

Account #

Bank Name

Referred by

mbs 2/2024

