

CLIENT CHECKLIST

Please fill out top section if anything has changed. Or just check this box if everything is the same!

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____

Please circle how you prefer to be contacted ~ Home, work, cell, email

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME _____ BIRTHDATE ____/____/____

SPOUSE NAME _____ BIRTHDATE ____/____/____

OCCUPATIONS--YOU _____ SPOUSE _____

BLIND, DEAF OR DISABLED? YOU ___ SPOUSE ___

ADDRESS _____

CITY-ZIP CODE _____

SCHOOL DISTRICT _____

DEPENDENTS (children)

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME _____ S.S. NUMBER ____/____/____

RELATIONSHIP _____ BIRTHDATE ____/____/____

NAME _____ S.S. NUMBER ____/____/____

RELATIONSHIP _____ BIRTHDATE ____/____/____

REMEMBER TO BRING:

- 1) **ALL W2'S AND 1099'S and 1098'S**
- 2) YEAR END PAY STUBS (if you have them)
- 3) MORTGAGE STATEMENT (S)
- 4) **TAX BILLS PAID AND (IF DIFFERENT) TAX BILLS DUE**
- 5) ALL BROKERAGE STATEMENTS.
- 6) 1095-A, 1095-B, or 1095-C
- 7) Receipts for college expenses (books, computer etc)

Please fill out this section!!!!!!

DIRECT DEPOSIT OF REFUND Same account as last year ____ I do not want direct deposit ____

New account information!

Bank Name _____ Routing Number _____ Account Number _____

Account Type ____ ("C" for checking "S" for saving)