

TAX INFORMATION

Date In: _____ NEW CLIENT RETURNING CLIENT

Date Completed: _____ MISSING INFO

Name(s): _____

SSN: _____

DATE OF BIRTH _____

Address: _____

Telephone: _____

Single Married (Joint or Separate) Head of Household

Dependents:	Name EXACTLY AS IT APPEARS ON SOCIAL SECURITY CARD	SSN/ITIN	Date of Birth
Relationship:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DID YOU (AND YOUR DEPENDENTS) HAVE HEALTH INSURANCE ALL YEAR? YES OR NO
IF YOU RECEIVED A SUBSIDY THRU COVERED CALIFORNIA OR SIMILAR, DO YOU HAVE A FORM 1095-A?

IF TAXPAYER HAS CHILDREN & PAYS CHILD CARE EXPENSES, **WE NEED ALL INFO OR NO CREDIT:**

NAME OF PROVIDER _____

ADDRESS: _____

TELEPHONE: _____

SSN OR EIN: _____

AMOUNT PAID: _____

ITEMS NEEDED TO FILE:

EMPLOYEE: **FORM W-2 or**

SELF-EMPLOYED: **SUMMARY OF INCOME & EXPENSES OR ALL SOURCE DOCUMENTS**