

CLIENT INFORMATION SHEET

MARTIAL STATUS:	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>
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New clients, how did you hear about us?	Who referred you?
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TAXPAYER INFORMATION	SPOUSE INFORMATION
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Name <i>(First, Initial, Last Name)</i>	Name <i>(First, Initial, Last Name)</i>
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SSN	Date of Birth	SSN	Date of Birth
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Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date
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Occupation	Disabled <input type="checkbox"/>	Occupation	Disabled <input type="checkbox"/>
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Cell Phone	Alternate Phone	Cell Phone	Alternate Phone
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May we contact you by text message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact you by text message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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E-Mail Address	E-Mail Address
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Mailing Address	Apt #	City	State	Zip
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Did you live at this address all year?.....Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you have any Virtual Currency?.....Yes <input type="checkbox"/> No <input type="checkbox"/>
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Can someone claim YOU as a dependent?.....Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you have any funds in a Foreign Bank during the year?.....Yes <input type="checkbox"/> No <input type="checkbox"/>
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DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? <i>(All that apply)</i>

Wages - W2's _____ 1099-K <i>(Personal or Business)</i> Unemployment Social Security Benefits Self-Employment <i>(Complete SE Form)</i> Pension & Annuities Interest Dividends Gambling Winnings Injured Spouse, if so which spouse owes the debt? _____	Sale of Virtual Currency Sale of Real Estate Sale of Stocks Child Support \$ _____ Child Care Expenses FIP/FIA/DHS Cash Benefits \$ _____ College Tuition Student Loan Interest Worker's Compension \$ _____	Medical Expenses Rent <i>(Complete Rent Info 2nd page)</i> Mortgage Interest Real Estate Taxes Charitable Donations \$ _____ Energy Efficient Purchases Out of State Purchases Form 1095-A <i>(Market Place Insurance)</i> Other Taxable or Non-Taxable Income
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DEPENDENT INFORMATION						
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First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled <input type="checkbox"/>	College Student <input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>

(Over)

REFUND AND PAYMENT INFORMATION

How would you like to pay for our services?	Credit Card	Debit Card	Deduct from Bank Account
How would you like to receive your Refund?	Direct Deposit	Standard Mail	
Bank Information	Bank Name _____	Routing # _____	
	Account # _____	Checking	Savings

All bank products are subject to Bank fees and approval by the bank. Pro Tax Services Inc cannot promise or guarantee that you will receive a bank product on your refund because it is subject to Bank & IRS Regulations. Pro Tax Services Inc is only a facilitator.

By completing and submitting this form you certify that you would like your taxes prepared according to the information provided above and acknowledge that there is a minimum consultation fee of \$50 (which can be waived should you file your taxes with Pro Tax Services Inc). This fee does not include services such as responding to IRS letters resulting from issues not stemming from Pro Tax Services Inc.

Signature: _____

Date: _____