



Cornice Consulting Tax Preparation Client Profile

Tax Year: _____

New Client
(Please complete all relevant fields)

Prior Client
(Update any fields that have changed)

Taxpayer	Spouse
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Full Legal Name _____

State of Legal Residence _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-mail Address _____

Occupation _____

ID Type & Number Drivers ID Card _____ Drivers ID Card _____

Issue State & Expiration _____

Marital Status on 12/31 Married Married-filing-single Widower Single

Mailing Address _____

Town & County _____

State & Zip Code _____

How do you want to receive any tax refunds? Direct Deposit Check by Mail Pickup check in Office(\$)
 Prepaid Debit Card(\$)

How will you pay any taxes due? ACH transfer Check by Mail Request an IRS payment plan(\$)

How do you want to pay your tax preparation fees? Pay fees in office by cash, check or card Deduct fees from a refund(\$)

Bank Account Type Checking Savings

Account No. & Routing No. _____

List all Tax Household Members
(Use Full Legal Names)

Mark boxes as applicable

	Date of Birth	Social Security Number	Relationship to Taxpayer	Blind	Disabled	Claim Exemption	Full-year Healthcare	Marketplace Coverage	Education Expenses	Care Expenses	Dependent has Income	Months with Taxpayer
TAXPAYER			SELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SPOUSE			SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- YES NO Did the Taxpayer and Spouse file a joint return return last year?
- YES NO Was anyone listed on this profile deceased as of 12/31?
- YES NO Do either the Taxpayer or Spouse have any outstanding financial obligations to either a State or the Federal Government?
- YES NO Have both the Taxpayer and Spouse filed all required prior year Federal and State Tax returns?
- YES NO Did either the Taxpayer or Spouse move during the tax year?
- YES NO Do either the Taxpayer or Spouse want \$3 to go to the Presidential Election Campaign Fund?
- YES NO Have either the Taxpayer or Spouse received any State or Federal notices regarding a prior tax year return?

The undersigned affirm that the aforementioned information is both accurate and complete.

Taxpayer _____ Spouse _____ Date _____