



# CC: Tax Preparation Client Profile

Tax Year: \_\_\_\_\_

New Client (complete all relevant fields)

Prior Client (update as needed)

(Form Version 2.1)

## TAXPAYER

## SPOUSE

Name (as it is on SS card)

State(s) of Legal Residence  
(If you moved, include date)

Home Phone

Cell Phone

Work Phone

E-Mail Address

Occupation

Identification No and Type

DRV LIC  ID Card

DRV LIC  ID Card

Issued and Expires Dates

State

State

Filing status

Married-filing-jointly  Married-filing-single  Head-of-household  Widower  Single

Mailing Address

Apt City State Zip

Street Address

Apt City State Zip

Tax Refund Method

Direct Deposit  Check by Mail  eCheck in our office (pay fees)  Prepaid Debit Card (pay fees)

If you owe, Payment Method

ACH Debit  Check by Mail  Request a payment plan (pay fees)

Tax Preparation Fees, Payment Method

Pay in office by cash, check or card  Deduct fees from Federal refund (pay fees)

Refund Advance Request

NONE  \$500 (pay fees)  \$1,000 (pay fees)  25% of refund, pay fees and Interest  50% of refund, pay fees and Interest  75% of refund, pay fees and Interest

Bank Name

Type  Checking  Savings

Account No and Routing No

Please describe any prior tax year issues, such as a change in filing status, deceased household member, unfiled tax return(s), balance due on prior tax year(s), notice(s) you received about a tax return, etc.

Name (as it is on SS card)                      Date of Birth                      Social Security No                      Relationship to Taxpayer

TAXPAYER			
SPOUSE			

Blind or Disabled	Qualifies Taxpayer for HOH	Claim Earned Income Credit	Claim Child Tax Credit	Received 1095-A	Dependent Care Expenses	Education Expenses or Interest	Months Living with Taxpayer
<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"/>	

If any of the following situations will or may apply to you or your spouse please check the respective box below;

- You live in a home you own and for which you paid property taxes this year, or you paid rent this year.
- You had foreign income this year and or have control over foreign assets.
- You are filing a joint tax return but only one of you are liable for a levy on your tax refund(s).
- You have carryover losses and or claimed the First-Time Homebuyer Credit in 2008.
- You itemized deductions last year and or disposed of property this year for which you have claimed a deduction in a prior year.
- You or your spouse would like to designate that \$3 of your taxes be paid to the Presidential Election Campaign Fund.

The undersigned affirm under penalty of perjury that the aforementioned information is both accurate and complete, and that they have had ample opportunity to ask questions and have those questions addressed.

Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_