

**Personal Information (please note any changes from prior year)**

**Client Information**

Marital Status:  Single  Married  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Legally blind:   
E-mail address: \_\_\_\_\_  
Address/Phone:  
Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Fax number \_\_\_\_\_

**Spouse Information**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Legally blind:   
E-mail address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Fax number \_\_\_\_\_  
Best time & method of contact: \_\_\_\_\_  
\_\_\_\_\_

**Dependents**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Relationship:  
 Son  Daughter  Other \_\_\_\_\_

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Relationship:  
 Son  Daughter  Other \_\_\_\_\_

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Relationship:  
 Son  Daughter  Other \_\_\_\_\_

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Relationship:  
 Son  Daughter  Other \_\_\_\_\_

**Personal Information (cont.)**

Resident taxing city: \_\_\_\_\_  
 Resident School District: \_\_\_\_\_  
 Resident County: \_\_\_\_\_  
 Work city: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
 Work county: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Moved during year?  No  Yes (Please send copy of HUD-1 or other closing statement, if applicable.)

	Old Home	New Home
Location		
Date Moved Out/In		

Was your move job-related and did you have unreimbursed moving expenses? If so, how much?

No  Yes: \_\_\_\_\_

If your tax return results in a refund, would you like it deposited into your bank account? This will allow you to receive your refund faster, and there is no additional charge.

Type of Account: Checking  Savings   
 Bank Routing # (1<sup>st</sup> set of numbers on bottom of check): \_\_\_\_\_  
 Bank Account # (2<sup>nd</sup> set of numbers on bottom of check): \_\_\_\_\_  
 Name of Bank \_\_\_\_\_

Have you recently been involved in foreclosure or debt forgiveness or expect to be in the future?

No  Yes

**Estimated Tax Payments**

Enter the amount and date paid of checks written and mailed. Please double-check. Cancelled checks are the best record of estimated payments. Neither we nor the IRS are responsible for errors by taxpayers. **Be sure that amounts paid for the prior year's taxes are not included.**

**List prior year credit carry-forwards, if any, on the first row.**

Quarter paid/ Due Date	Date Paid	Federal Taxes	State Taxes	City Taxes: _____
<b>Prior Year credits</b>				
1st Quarter 4/15				
2nd Quarter 6/15				
3rd Quarter 9/15				
4th Quarter 1/15				