



To better serve you in meeting your tax preparation needs, we ask that you take a few minutes to fill out the information below. If you have any questions please let us know!

**Primary Taxpayer**

**Spouse**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:  Email  Phone

Preferred method of contact:  Email  Phone

**Marital Status:**  Single  Married  Widowed  Head of Household

**Dependents (if applicable):**

Name	Relationship	DOB	SSN#	Student?	Disabled?
				<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

\* If any dependents did not live at the primary taxpayer's address the entire year, please let us know.

**Can you/your spouse be claimed as a dependent by someone else?**  Yes  No

**Are you an active member or the spouse/dependent of an active member of the military?**  Yes  No

**During 2020 did you receive/sell/otherwise acquire financial interest in virtual currency?**  Yes  No

**During 2020 did you receive a COVID-19 stimulus payment?**  Yes  No

If yes, how much was your stimulus payment? \$ \_\_\_\_\_

**During 2020 did you make any charitable cash contributions?**  Yes  No

If yes, how much were your total charitable cash contributions? \$ \_\_\_\_\_

**For any tax payments or refunds would you like us to use your bank account?**  Yes  No

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_