



Financial Services

CLIENT DATA SHEET

TAX YEAR FILING: _____

APPOINTMENT DATE: _____

NEW CLIENT REFERRED BY: _____ Adjusted Gross Income 2021: _____

CLIENT INFORMATION

CLIENT NAME: _____

S.S.# _____

D.O.B: _____

OCCUPATION: _____

SPOUSE (IF FILING MARRIED JOINT/SEPERATED)

NAME: _____

S.S.# _____

D.O.B: _____

OCCUPATION: _____

CONTACT INFORMATION:

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

HEAD OF HOUSEHOLD: (DEPENDENTS INFORMATION)

<i>Name:</i>	<i>S.S#</i>	<i>D.O.B</i>	<i>Relationship</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mailing Address (update if any changes)

ADDRESS: _____

CITY _____

STATE: _____

ZIP: _____

Payment options

Cash\$ _____

Check # _____

CREDIT CARD# _____

EXP: _____

CVC: _____

REFUND INFORMATION (DIRECT DEPOSIT)

MUST SUPPLY VOIDED CHECK OR BANK DOCUMENTS SHOWING ROUTING AND ACCOUNT NUMBER

BANK NAME: _____

ROUTING# _____

ACCOUNT# _____

To ensure accuracy it is very important to fill out the information below:

PLEASE MARK YOUR DOCUMENTS AND HOW MANY PROVIDED. Thank you.

• Income

- W-2 (Employer/Salary/Wages) _____
- Unemployment Income _____
- K-1 (Corporation/Partnership/Beneficiary) _____
- 1099-Misc (Self-Employed/Independent Contractor) _____
- 1099-K _____
- 1099-Misc _____
- 1099R-(Retirement/Pension) _____
- SSA-Social Security Income _____
- 1099-B (Stocks/Bonds/IRA)
- 1099-INT _____
- 1099-Div (Dividends) _____
- 1099-C (Cancellation of Debit) _____
- 1099-G (Gambling/Lottery) _____
- Rental Income _____

• Do you have Covered California for Medical Insurance?

- 1095-A (Covered California) _____

• Home Mortgage Interest

- 1098-INT _____
- 1098 _____

• School Tuition

- Forms _____

• Daycare Providers

- Daycare Provider _____

• Other Tax Documents
