2023 CLIENT INFORMATION SHEET

BASIC INFORMATION

| 1. Tax Payer Name | | Spouses Name | - | |
|----------------------|-----------------------------|--|------------------|-----------|
| Date of Birth | | Spouses Date of Birth | - | |
| Social Security # | | Social Security # | - | |
| Occupation | | Occupation | | |
| Address | | Address | - | |
| City, St Zip | | City, St Zip | - | |
| Telephone | | Telephone | | |
| 2. Filing Status | (please circle one) | | | |
| A | | e marital status is unmarried. | | |
| В | | xpayer and spouse that have agree | d to file a ioir | nt return |
| C | _ | A taxpayer and spouse that have to | - | |
| D | | narried or considered unmarried (li | | |
| | | the year) on the last day of the year | | |
| | | or the year and is a principal resider | | |
| 3. Are you legally b | _ | ls your spouse? | | 78 |
| | se claim you as a depende | | | |
| | se claim your spouse as a | | | |
| | , | | | |
| 6. Did you or your | spouse attend college in | 2023? | | |
| College N | | | | |
| _ | ive your 1098 T? | | _ | |
| • | ive receipts for additional | expenses? | | |
| • | ount of additional expense | - | | |
| | and or additional expense | | _ | |
| 7. Do you have any | of the following: | | AMOUNT | |
| | Interest or Dividends | | | |
| | Unemployment | | | |
| | Alimony | | | |
| | Social Security Benefits | | | |
| | Gambling Winnings | | | |
| | Self Employment | | | |
| 8. Are you Self Em | ployed? | | | |
| • | • • | ness bank account, or business card | ls? | |
| • | ive business receipts and | | - | |
| Do you Ha | eve 1099's? | · | - | |
| Did you p | urchase Equipment? | | - | |
| | Do you have equipment | receipts? | = | |
| | EQUIPMENT | PURCHASE DATE | AMOUNT | |
| | | | | |
| | | | | |
| 9. Who All lives in | your home: | | | |
| Name | | | | |
| Name | Relationship | | How Long | |
| Name | Relationship | - | | |
| Name | Relationship | | | |
| Name | Relationship | | How Long | |

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| 10. If you are married do you11. If you are divorced do you12. If you have been separate | have a divorce de | cree? | /pe of proof can | you provide? | | | |
|--|-------------------|--|---|---------------|--------------------------|---------|---|
| DEPENDANT INFORM 13. Dependent Information | | | | | | | |
| Name SS# | DOB Rel | ationship | Employment | Months In | Home Schoo | DI | |
| | | | | | | | |
| 14. Can you supply the follow School Records Health Insurance or M Medical Records | | Day | ease circle the it care Records Cards | ems you have) | | | |
| 15. If you have dependents ca (please circle the iten Utility Bills Rent Receipts | | Pro | half their suppo | | | | |
| 16. Do you receive any of the Child Support Child Care Assistance Medicaid WIC Who all are listed on | Foo | ce? (please od Stamps using Assista | | /ou have) | | | |
| 17. Are any of the above depo Which Dependent? If over age 18 we nee | | | | | | | |
| 18. Are any dependents in da Provider Name | | ol care? | | | ID number | | _ |
| Child Care Expense | | | | | | | |
| 19. If any of the dependents a Where is the Mother | _ | | we will need ad | | nation. Did She Work? | Amount: | |
| Where is the Father? | | | | | Did He Work? | Amount: | |

We will need copies of school and doctor records listing you as guardian before taxes can be filed. If court ordered we need copies before taxes can be filed.