

2022 NEW CLIENT WORKSHEET

Referred By: _____

*** Please fill out BOTH SIDES of this worksheet. Thank you! ***

Taxpayer's Info

Spouse's Info

Name	_____	_____
SSN	_____	_____
Date of Birth	_____	_____
Date of Death (if applicable)	_____	_____
Occupation	_____	_____
Phone Number	_____	_____

Driver's License or Other State Issued ID Information:

Number	_____	_____
State Issued	_____	_____
Issue Date (iss)	_____	_____
Expiration Date (exp)	_____	_____

Do you live inside the limits of a city that has a local tax? Yes No

Address _____

Did you move in 2022? Yes No If yes: Date of Move _____

Dependent(s) Information (if applicable; list additional dependents on a separate page if necessary):

<u>Name</u>	<u>Relationship*</u>	<u>Full Time College Student</u>	<u>DOB</u>	<u>SSN</u>
_____	_____	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____

***If child, please indicate Daughter (D) or Son (S)**

****Please include any children born in 2021 or 2022; Please only include the dependents you choose to claim**

MUST provide documentation verifying each dependent lived with you at your address

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Complete the information below regarding refunds and tax payments:

For Refunds: Direct Deposit OR Check Mailed

For Balance Due: Direct Debit OR Mail in Voucher w/ Check

If Direct Deposit or Direct Debit was chosen, please fill in the bank information below:

Routing Transit Number (9 digits) _____

Account Number _____

Type of account Savings Checking

Did you purchase health insurance through The Marketplace?

Yes (If yes, include Form 1095-A) No

Have you (or your spouse if applicable) had an Identity Protection PIN in the past?

Taxpayer: Yes (If yes, please include the PIN or letter from the IRS) No

Spouse: Yes (If yes, please include the PIN or letter from the IRS) No

What is your filing status??

Single Head of Household Married Filing Joint

Married Filing Separate (if MFS, please make sure to include spouse name and SSN)

How would you like your personal copy of your tax return?

Hard, paper copy Digital, PDF copy (flash drive or ShareFile)

Other Notes or Questions:

I certify that the information provided on the taxpayer worksheets is complete and accurate:

Taxpayer Signature: X_____ Spouse Signature: X_____