## TAX YEAR 2023 NEW CLIENT WORKSHEET

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

|                                 | Refer            | red By:                   |                     |                       |          |
|---------------------------------|------------------|---------------------------|---------------------|-----------------------|----------|
|                                 | <u>Taxpa</u>     | ayer's Info               | <u>Spouse</u>       | e's Info              |          |
| Name                            |                  |                           |                     |                       |          |
| SSN                             |                  |                           |                     |                       |          |
| Date of Birth                   |                  |                           |                     |                       |          |
| Date of Death (if applicable)   |                  |                           |                     |                       |          |
| Occupation                      |                  |                           |                     |                       |          |
| Phone Number                    |                  |                           |                     |                       |          |
| What is your filing status?     | Single □         | Head of Household         | ☐ Marrie            | d Filing Joint □      |          |
| Married Filir                   | ıg Separate □ (i | f MFS, please make s      | ure to include sp   | ouse name and SS      | N)       |
| Driver's License or Other       | State Issued II  | ) Information:            |                     |                       |          |
| Number                          |                  |                           |                     |                       |          |
| State Issued                    |                  |                           |                     |                       |          |
| Issue Date (iss)                |                  |                           |                     |                       |          |
| Expiration Date (exp)           |                  |                           |                     |                       |          |
| Address                         |                  |                           |                     |                       |          |
| School District                 |                  | Municipality              |                     |                       |          |
| Did you move in 2023? Ye        | s □ No □         | If yes, please            | provide the mov     | ve date and old add   | lress    |
| Move Date:                      | Old Address:     |                           |                     |                       |          |
|                                 |                  |                           |                     |                       |          |
| <b>Dependent(s) Information</b> | (MUST provide o  | • 0                       | each dependent live | ed with you at your a | ddress): |
| <u>Name</u> <u>Relat</u>        | ionship*         | Full Time College Student | <u>DOB</u>          | SSN                   |          |
|                                 |                  |                           |                     |                       |          |
|                                 |                  |                           |                     |                       |          |
|                                 |                  | П                         |                     |                       |          |

<sup>\*</sup>If child, please indicate Daughter (D) or Son (S); \*\*Please only include the dependents you choose to claim

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| a/or sp  | ouse, and/or  | dependen   | t, if a  | pplicable   | ) had an Id  | entity Pro   | tection PII  | N in the past?   |   |  |
|--|---|--|--|---|--|--|--|--|---|--|
| axpayer: Yes $\square$ (If yes, please include the PIN or letter from the IRS)             |   |  |  |   |  |  |  |  |   |  |
| Spouse: Yes $\square$ (If yes, please include the PIN or letter from the IRS) No $\square$ |   |  |  |   |  |  |  |  |   |  |
| If yes   | s, please prov  | ide <b>name</b> o  | of dep   | oendent ai  | nd the PIN o   | or letter fro  | om the IRS   |  |   |  |
| <u>inforn</u>  | nation below  | regarding  | refu   | nds and t   | ax paymen  | ts:  |  |  |   |  |
| For Refunds:   Direct Deposit  |   |  |  | OR  |  |  |  |  |   |  |
| For Balance Due:   |   |  |  | R   |  |  |  |  |   |  |
| et Depo  | osit or Direct  | Debit was  | chose  | n, please   | fill in the ba   | nk informa   | ation below  | :  |   |  |
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