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| **CLIENT TAX INFORMATION SHEET** | |
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**NOTE:** Returning clients please fill out cell phone number & indicate only where there are changes, dependent & health insurance information.

New clients please complete entire form. T

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| **TAXPAYER NAME:**  (First, Middle Initial, Last) |  | **FILING STATUS:** |  |
| **DATE OF BIRTH:** |  | **OCCUPATION:** |  |
| **SOC. SEC. NUMBER:** |  | **CELL PHONE:** |  |
| **HOME ADDRESS** |  | **EMAIL ADDRESS:** |  |

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| **SPOUSE NAME:**  (First, Middle Initial, Last) |  | **OCCUPATION:** |  |
| **DATE OF BIRTH:** |  | **CELL PHONE:** |  |
| **SOC. SEC. NUMBER:** |  | **E-MAIL ADDRESS:** |  |

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| **DEPENDENT NAME**  (First, Middle Initial, Last) | **DATE OF BIRTH** | **DEPENDENT**  **SOC. SEC. NUMBER**  **(If new Dependent)** | **RELATIONSHIP** | **MONTHS LIVED**  **IN YOUR HOME** |
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| If required can you provide medical and/or school records showing that the dependent resides with you?  **Yes No** |
| Has another taxpayer claimed you or your spouse as a dependent?  **Yes No** |

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| **YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE**  The IRS requires that you report certain information related to your health care coverage on your 2023 tax return. **Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare / Medicaid) for every month of 2023 for yourself, your spouse (if filing jointly) and anyone you can claim as a dependent?**  \_\_\_\_\_\_Yes / No\_\_\_\_\_\_\_\_\_\_ |
| **Did you enroll for Marketplace Coverage through www.healthcare.gov under the Affordable Care Act?** **If yes, provide any Form(s) 1095 you received.**  \_\_\_\_\_\_Yes / No\_\_\_\_\_\_\_\_\_\_\_ |