

# CLIENT TAX INFORMATION SHEET

**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.

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

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

DEPENDENT NAME (First, Middle Initial, Last)	DATE OF BIRTH	DEPENDENT SOC. SEC. NUMBER (If new Dependent)	RELATIONSHIP	MONTHS LIVED IN YOUR HOME

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

**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](http://www.healthcare.gov) under the Affordable Care Act? If yes, provide any Form(s) 1095 you received.**

\_\_\_\_\_ Yes / No \_\_\_\_\_