

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.

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

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

DEPENDENT NAME (First, Middle Initial, Last)	DATE OF BIRTH	DEPENDENT SOC. SEC. NUMBER <i>(If new Dependent)</i>	RELATIONSHIP

If required can you provide medical and/or school records showing that the dependent resides with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has another taxpayer claimed you or your spouse as a dependent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE

The IRS requires that you report certain information related to your health care coverage on your 2025 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 2025 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 _____