

2020 Client info

Full Legal Name: _____

SSN- _____ DOB- _____

Spouse Legal Name: _____

SSN- _____ DOB- _____

Child Legal Name: _____

SSN _____ DOB- _____

Child Legal Name: _____

SSN _____ DOB- _____

Mailing Address: _____

Did you Move: _____ DATE: _____ Contribute to a IRA (Roth or Traditional): _____

Did you change jobs/careers: _____ How Much: _____

Did you have Health Ins: _____ Buy a House: _____ DATE: _____

Did you receive stimulus pymt or economic payment: _____ How much: _____

Did you make Estimated tax payments: _____ how much: Fed _____ State: _____ Local: _____

Driver's License #: _____ State: _____ Issue Date : _____ Expiration date: _____

Spouse's Driver's License #: _____ State: _____ Issue Date : _____ Expiration date: _____

Do you want direct deposit or pay taxes electronically ? _____

Account information: Number _____ Routing number: _____

Bank Name: _____