



Client Data Worksheet

General Information:

Taxpayer Name _____ SSN _____
Date of Birth _____ Occupation _____

Spouse Name _____ SSN _____
Date of Birth _____ Occupation _____

Address _____
Email _____ Email _____
Phone _____ Phone _____

Dependent Information:

**start with youngest dependent first*

Name _____ SSN _____
Date of Birth _____ Relationship _____

Name _____ SSN _____
Date of Birth _____ Relationship _____

Name _____ SSN _____
Date of Birth _____ Relationship _____

Direct Deposit Information:

**for direct deposit OR electronic funds withdrawal*

Bank Name _____ Routing # _____
 Checking Savings Account # _____

Child Care Provider:

**for dependents, if applicable*

Name _____
Address _____
SSN or EIN _____ Amount Paid \$ _____

Miscellaneous:

**bubble all that apply*

- | | |
|--|--|
| <input type="radio"/> Receive, Sell, Send, Exchange Virtual Currency | <input type="radio"/> Health Insurance Coverage |
| <input type="radio"/> Sold Stocks, Bonds, RSUs | <input type="radio"/> Cancellation of Debt |
| <input type="radio"/> IRA Contributions (Traditional, Roth, SEP) | <input type="radio"/> Moving Expenses |
| <input type="radio"/> Unemployment Received | <input type="radio"/> Paid Qualified Education Expenses |
| <input type="radio"/> Alimony (Paid or Received) | <input type="radio"/> Made Student Loan Payments |
| <input type="radio"/> Buy or Sell a Home | <input type="radio"/> Significant Loss or Theft |
| <input type="radio"/> Own Rental Property | <input type="radio"/> Union Dues or Job-Related Expenses |
| <input type="radio"/> Lottery or Gambling Winnings | <input type="radio"/> Purchased an Electrical Vehicle |