

2022 CLIENT INFORMATION

New Client? New Clients – Must Provide 2021 Returns **For Yes or No questions please circle Y or N**

	Name on Social Security Card	SSN (if new)	DOB (if new)	Occupation (always)	College Tuition
Taxpayer	_____	_____	_____	_____	Y N
Spouse	_____	_____	_____	_____	Y N

Mailing Address _____

If MD PO Box enter actual address _____

Phone(s) _____ E-Mail(s) _____

Contact when return completed – Specify Work, Cell, Taxpayer or Spouse

Dependent Name	SSN (if new copy)	Relationship	DOB (if new)	Day Care?	College Tuition?	Tuition Statement?
_____	_____	_____	_____	Y N	Y N	Y N
_____	_____	_____	_____	Y N	Y N	Y N
_____	_____	_____	_____	Y N	Y N	Y N

Note any change from prior year in claiming dependents

Received Unemployment Benefits? Y N (Provide 1099-G)

Do you have health insurance from the marketplace? (Received Form 1095-A – Exchange, Obamacare, etc.) Y N

Direct Deposit? Y N Checking? Savings?

Bank Name _____ Routing Number _____ Account Number _____
 (Photocopy check if available, for accuracy)

Additional Notes: