

Client Information

Primary Taxpayers Name as it appears on S.S. Card _____

- SSN _____ Date of Birth _____
- Taxpayer Cell Number _____ Email _____
- County of Residence as of Jan 1st _____ County of Employment as of Jan 1st _____
- DL or State ID # _____ Issuing State _____ Issue Date _____ Exp Date _____

Spouses Name as it appears on S.S. Card _____

- SSN _____ Date of Birth _____
- Taxpayer Cell Number _____ Email _____
- County of Residence as of Jan 1st _____ County of Employment as of Jan 1st _____
- DL or State ID # _____ Issuing State _____ Issue Date _____ Exp Date _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Dependents

Number of dependents being claimed on this tax return? _____

- SSN, DOB, and Dependency Questionnaire are required for each dependent being claimed.
- If you are claiming childcare expenses the end-of-year statement from all childcare providers will be required.
- Non-custodial parents claiming dependent children are required to have a signed Form 8332.

Property Tax / Renters Deduction

Homeowners – *If you do not have a 1098 mortgage statement or proof of payment(s) complete this section.*

- Property Tax Paid on Primary Residence \$ _____
- Primary address if different than above: _____

- Property Tax Paid on additional Properties \$ _____

Renters

- Landlords / Leasing Office Name: _____
- Landlords / Leasing Office Address: _____

- # of months rented in tax year _____ Amount paid per month \$ _____

Estimated Tax Payments

Federal (IRS)

State (DOR)

1 st Qtr	Date Paid _____	\$ _____	1 st Qtr	Date Paid _____	\$ _____
2 nd Qtr	Date Paid _____	\$ _____	2 nd Qtr	Date Paid _____	\$ _____
3 rd Qtr	Date Paid _____	\$ _____	3 rd Qtr	Date Paid _____	\$ _____
4 th Qtr	Date Paid _____	\$ _____	4 th Qtr	Date Paid _____	\$ _____

Consent to Release

A signed consent form must be on file before any tax return can be released or discussed with anyone other than the taxpayer and/or spouse.