

2022 Client Information Sheet

Please provide driver's license and/or state photo ID with this form

Name	SSN (Full # if new client)	Date of Birth (if new client)
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Taxpayer:

Spouse:

Address:
(If new or changed)

City, State, Zip:

Occupation	Main Phone	Alternate Phone
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Taxpayer:

Spouse:

Taxpayer e-mail:

Spouse e-mail:

Filing Status at the end of 2022

- Single
- Married
- Married Filing Separately - Did you live apart from your spouse for the last SIX months of the year? Y N
- Head of Household ((a single parent with your child(ren) living with you)
- Widowed (Single parent whose spouse died within the previous two years) Spouse's Date Of Death _____

Yes No

- Are you or your spouse blind?
- Are you or your spouse disabled?
- Are you or your spouse a full-time student?
- At any time during 2022 did either receive, sell, exchange, or otherwise dispose of any virtual currency?
- At any time during 2022 did either own a foreign bank account or investments?

Dependents – Please list your dependents that you will be claiming on your tax return.

If they are 18 or older, they must be a full-time student or have earned less than \$4,300 to claim them.

Full Name	Social Security # (if new dependent)	Relationship	Months in Home	Date of Birth	Full Time Student	Childcare Expenses

Bank Account Information for Direct Deposits and/or withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Checking or Savings