

# 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 1<sup>st</sup>** \_\_\_\_\_ **County of Employment as of Jan 1<sup>st</sup>** \_\_\_\_\_
- **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 1<sup>st</sup>** \_\_\_\_\_ **County of Employment as of Jan 1<sup>st</sup>** \_\_\_\_\_
- **DL or State ID #** \_\_\_\_\_ **Issuing State** \_\_\_\_\_ **Issue Date** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **IN** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Referred by a Friend** Y / N **NAME** \_\_\_\_\_

## 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.

## Proper 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<sup>st</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_ 1<sup>st</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_

2<sup>nd</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_ 2<sup>nd</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_

3<sup>rd</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_ 3<sup>rd</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_

4<sup>th</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_ 4<sup>th</sup> Qtr Date Paid \_\_\_\_\_ \$ \_\_\_\_\_

## Consent to Release

A **Signed Consent** form must be on file before any tax return can be emailed, released, or discussed with anyone other than the taxpayer and / or spouse.