New Client Check-In Sheet

For Internal Use Only: Folder Number: ____________________ Date Received: ____________________

Taxpayer Information

New Clients: Please Provide your Prior Year Tax Return.

Taxpayer Name: ____________________ SSN: ____________________ **Phone:** ____________________

Occupation: ____________________ DOB: ____________________ Email: ____________________

Spouse Name: ____________________ SSN: ____________________ Phone: ____________________

Occupation: ____________________ DOB: ____________________ Email: ____________________

If moved during year, date moved: ____________________

Current Address: ____________________

Old Address: ____________________

Dependents

Name:	Add/Remove:	SSN:	DOB:	Relationship:	Months in Home:	Child Care? Yes/No:

Banking Information ☐ Checking ☐ Savings

Bank Name: ____________________ Routing #: ____________________ Account #: ____________________

Other Information

	Yes	No	
1. Did you have Health Insurance through the Marketplace/Pennie?	○	○	**If so, provide form 1095-A.**
2. Do you have any foreign bank or retirement accounts?	○	○	
3. Did you receive, sell, exchange or acquire any virtual currency?	○	○	
4. Did you buy or sell any real estate?	○	○	**If so, provide settlement statement.**
5. Did you pay any student loan interest?	○	○	**If so, provide form 1098-E.**
6. Did you have any college expenses?	○	○	**If so, provide form 1098-T.**

7. Did the taxpayer or spouse receive any unemployment? ☐ Neither ☐ Both ☐ Taxpayer ☐ Spouse **If so, provide form 1099-G.**

Documents/Information Needed/Questions/Issues **Get Driver's Licenses** ☐

For Internal Use Only:

Scanning complete ☐

Folder Label ☐

Payment Method

☐ Cash ☐ Check ☐ Credit Card

-------Forms-------

☐ Have ☐ Need