Returning Client Check-In Sheet

For Internal	Use On	lv: Folder Num	ber:		Date Rece	eived.				
					Dute Net					
Taxpayer Information	Plea	Please provide a copy of your Driver's License or State ID.								
Taxpayer Name:					Phone:	:				
Occupation:					Email:	Email:				
Spouse Name:					Phone:	Phone:				
Occupat			Email:							
Did you move provide your the date you	current moved	t address and		Ad						
Dependents	lf you	u are adding o	r removing any	dependents, p	olease fill in	n below.				
Name:		Add/Remove:	SSN:	DOB:	Relatio	onship:	Months in Home:	Child Care? Yes/No:		
Banking Infor	mation	Did your b	ank information c	hange? If so ple	ase provide	e a voided	check.			
Please select of	one of t	the following:	Checking	Savings						
Bank Name:			Rou	uting #:		Accou	nt #:			
Other Informa	ation				Yes	No				
1. Did you have Health Insurance through the Marketplace/Pennie?							If so, provide form 1095-A.			
2. Do you have a	any for	eign bank or re	etirement accou	nts?						
3. Did you receiv	ve, sell,	, exchange or a	acquire any virtu	al 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.								orm 1098-E.		
6. Did you have any college expenses?If so, provide form 1098-T.							orm 1098-T.			
7. Did the taxpa	yer or s	spouse receive	e any unemployr	nent? Ne	either	Both	Taxpayer	Spouse If so, provid form 1099-0		

Documents/Information Needed/Questions/Issues