

TAX PAYER INFORMATION SHEET 2023 (TAX YEAR 2022)

TAX PAYER INFORMATION (PLEASE CIRCLE):

NEW CLIENT

RETURNING CLIENT

YOUR NAME _____

SPOUSE'S NAME _____

SS# _____ BIRTHDATE _____

SS# _____ BIRTHDATE _____

PRIMARY PHONE _____

PRIMARY PHONE _____

SECONDARY PHONE _____

SECONDARY PHONE _____

OCCUPATION _____

OCCUPATION _____

DRIVER'S LICENSE# _____

DRIVER'S LICENSE# _____

ISSUE DATE _____

ISSUE DATE _____

EXPIRATION DATE _____

EXPIRATION DATE _____

STATE DRIVERS LICENSE ISSUED _____

STATE DRIVERS LICENSE ISSUED _____

EMAIL ADDRESS _____

ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

STATUS

___ SINGLE ___ MARRIED FILING JOINT ___ MARRIED FILING SEP. ___ HEAD OF HOUSEHOLD

___ SPOUSE DECEASED DATE IF AFTER 1/1/2022 _____ ___ DIVORCED DATE IF AFTER 1/2020 _____

IF HEAD OF HOUSEHOLD NEED 1 OF THE FOLLOWING IN YOUR NAME:

___ UTILITY BILL ___ PAID PROPERTY TAX RECEIPT ___ MORTGAGE STATEMENT ___ RENTAL AGREEMENT

IF DIVORCED, COPY OF DIVORCE DECREE IF CHILDREN ARE BEING CLAIMED (PLEASE CIRCLE): YES NO

DEPENDENT INFORMATION

NAME (FIRST, M, LAST)	SOCIAL SECURITY	RELATIONSHIP	BIRTHDATE	DAYCARE EXP.
_____	_____	_____	_____	YES OR NO
_____	_____	_____	_____	YES OR NO
_____	_____	_____	_____	YES OR NO
_____	_____	_____	_____	YES OR NO

PROOF OF RESIDENCY OF DEPENDENT(S): YES ___ NO ___ EXAMPLE: HEALTH FORM, SCHOOL DOCUMENT
IS DEPENDENT A STUDENT: YES OR NO COLLEGE STUDENT: YES OR NO (IF YES WILL NEED 1098T FORM)

DID YOU BUY OR SELL ANY VIRTUAL CURRENCY IN 2022? YES OR NO

DO YOU HAVE AN IRS ISSUED IDENTITY PROTECTION PIN NUMBER? YES OR NO (IF YES PLEASE PROVIDE)

DO YOU HAVE HEALTH INSURANCE THROUGH THE MARKETPLACE(OBAMA CARE) ? IF YES PLEASE PROVIDE
FORM 1095A (CAN'T FIND YOUR FORM, CALL MARKETPLACE @ 1-800-318-2596 AND ASK FOR REPLACEMENT)

REFUND DIRECT DEPOSIT INFORMATION

BANK NAME _____ TYPE OF ACCOUNT (CHECKING OR SAVINGS)

ROUTING NUMBER _____ ACCOUNT NUMBER _____