

NEW CLIENT INFORMATION

Please fill out front and back.

Today's date _____

Primary

Taxpayer Full Name as appears on social security card

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____

Occupation _____

Phone _____ Email _____

Spouse

Full Name as appears on social security card

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____

Occupation _____

Phone _____ Email _____

Marital Status on Dec 31

☐ Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated Date of Separation _____

Mailing Address

Please provide a copy of last years return.

Dependents

Supporting documents may be required to prove support and/or relationship

<i>Name</i>	<i>DOB</i>	<i>SSN</i>	Relationship Son, daughter etc.	Months lived in home in 2020	Full time student	Disa- bled

☐ **IRS Direct Deposit** – Refund direct deposited into your checking account. *Payment due at time off pickup.*

☐ **IRS Check In the mail** – If you do not have a bank account, we can electronically file your tax return and have the IRS send you a check in the mail . *Payment due at time off pickup.*

☐ **Electronic Refund Check or Deposit** – You will pick up the check at TAX CARE or have your money deposited into your account. All fees can be deducted from the refund, so no payment would be required at the time of service.

Additional fee above tax prep fee. \$58.95

If you choose direct deposit we need to ensure correct direct deposit account information each year. **Bank name, routing and account numbers are needed.** **Please provide us with a voided check not a deposit slip.** Please specify if checking or savings account. We need this information before being able to prepare your return if you choose direct deposit.

Identification Information

VA is requesting this information to curb identity theft.

Taxpayer

Type of photo ID ☐ Driver's License ☐ State issued photo ID

ID number _____ State issued in- VA / WV other _____

Issue date _____ Expiration date _____

Spouse

Type of photo ID ☐ Driver's License ☐ State issued photo ID

ID number _____ State issued in- VA / WV other _____

Issue date _____ Expiration date _____

YES NO

1 Were you or any family member on Market Place Health Care
Obama Care at any time during the year 2020? ☐ ☐

Form 1095 -A must be provided or you tax return will be delayed by IRS.

2 Were you unemployed for any portion of the year and received
unemployment benefits ? ☐ ☐

Form 1099-G must be include.

3 Did you receive an Economic Impact Payment/ Stimulus ?

First stimulus was \$1200 per adult \$500 per child that was *age 17 and under*.

Second stimulus was \$600 for taxpayer/spouse and for each child *age 17 and under*.

How much first payment \$ _____ Second payment \$ _____

It is **not taxable** it is reported to ensure you received your full amount.

If stimulus amount is reported incorrectly refund may be delayed.