

2019 TAX RETURN CLIENT UPDATE

****FOR BETTER ACCURACY, PLEASE PRINT YOUR CURRENT INFORMATION LEGIBLY****

Please print your name as it appears on your Social Security Card, i.e. maiden name

Taxpayer Information

Spouse Information

Name	_____	_____
SSN	_____	_____
Date of Birth	_____	_____
Driver's License #	_____	_____
Date of Issue	_____ State _____	Issue Date _____ State _____
Expiration Date	_____	_____
Phone #1	_____	_____
Phone #2	_____	_____
Email	_____	_____
Street Address	_____	
City, State, Zip Code	_____	

Dependents: Name, SSN, Birthdate (If Necessary)

Dependent 1: _____ **Dependent 2:** _____

Dependent 3: _____ **Dependent 4:** _____

BRIEF QUESTIONNAIRE

Thanks for your time, with your help we can better accurately prepare your returns!

FOR 2019 (Please Circle One)

- 1) Did you have health insurance through the Marketplace at all during the year? **Yes No**
- 2) Did you pay for childcare services? **Yes No** 2b) W-2/Employer help for childcare? **Yes No**
- 3) Did you have a child attending a private school or who is home schooled? **Yes No**
- 4) Did you pay student loan interest during the year? **Yes No**
- 5) Did you contribute to a College Choice 529 Plan? **Yes No**
- 6) Did you contribute to an IRA during 2019? **Yes No**
- 7) Did you have a parent living with you, providing over half of their support/medical bills? **Yes No**
- 8) Did you have financial interest in a foreign financial account(s) totaling over \$10,000? **Yes No**

FOR NEXT TAX YEAR 2020 (Please Circle One)

1. Would you like a tax organizer for next year at no cost to you? **Yes No** If so, by **Email** or **Mail**
2. Would you like a tax projection prepared? (*Recommended for those who estimate large income fluctuations, a separate fee is required, and a quote will be given beforehand*) **Yes No**