

2020 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	_____	_____
Street Address	_____	_____
City, State, Zip Code	_____	_____
SSN	_____	_____
Date of Birth	_____	_____
Cell Phone #	_____	_____
Phone #2	_____	_____
Email address	_____	_____

Taxpayer's Driver's License Information:

Number _____ State _____
Date of Issue _____ Expiration Date _____

Spouse's Driver's License Information:

Number _____ State _____
Date of Issue _____ Expiration Date _____

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 2020 (Please Circle One)

1. Did you have health insurance through the Marketplace at all during the year? **Yes No**
2. Did you have a child attending a private school or who is home schooled? **Yes No**
3. Did you pay student loan interest during the year? **Yes No**
4. Did you contribute to a College Choice 529 Plan? **Yes No**
5. Did you contribute to an IRA during 2020? **Yes No**
6. Did you have a parent living with you, providing over half of their support/medical bills? **Yes No**
7. Did you have financial interest in a foreign financial account(s) totaling over \$10,000? **Yes No**
8. Did you receive an Economic Impact Payment (stimulus check)? **Yes No**
9. Would you like to receive our digital weekly newsletter? (make sure to include your email address above) **Yes No**

FOR NEXT TAX YEAR 2021 (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**