

# NEW CLIENT FORM

Client #: \_\_\_\_\_

## TAXPAYER:

\_\_\_\_\_  
First Name Middle Initial Last Name Preferred Name

Taxpayer: \_\_\_\_\_  
Social Security Number Date of Birth

Taxpayer: \_\_\_\_\_  
Employer Occupation Work Phone Number

Taxpayer Phone Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Preferred Contact Person Preferred Contact Method:  Phone  E-mail

Taxpayer Form of ID:  Driver's License /  State Issued ID card  
ID #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

## SPOUSE:

\_\_\_\_\_  
First Name Middle Initial Last Name Preferred Name

Spouse: \_\_\_\_\_  
Social Security Number Date of Birth

Spouse: \_\_\_\_\_  
Employer Occupation Work Phone Number

Spouse Phone Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Preferred Contact Person Preferred Contact Method:  Phone  E-mail

Spouse Form of ID:  Driver's License /  State Issued ID card  
ID #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box Number Street Name Suite or Apartment Number

\_\_\_\_\_  
City State Zip Code

## Dependents:

First Name & Middle Initial	Last Name	Date of Birth	Social Security Number	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- If you have a tax refund, would you like it deposited directly into your account? .....Y / N
- If you have a tax balance due, would you like it to be electronically withdrawn from your account? .....Y / N
- Date of electronic funds withdrawal, if not 4/15: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_ Deposit Account Number: \_\_\_\_\_

What type of account is this?  Checking  Savings / Account owner:  Taxpayer  Spouse  Joint

- Upon completion of your return, how would you like to receive the results?  Phone call  Email
- Would you like to review your return before it is electronically filed? .....Y / N
- If yes, how would you like to review the return?  In office  Email  Fax  Mail
- Would you like to purchase a CD archive of your tax return and supporting documents to supplement your paper copy (\$25 fee)? .....Y / N

**OVER ➡**

All returns with business activity must send a Form 1099 to any unincorporated entity (other than employees) which it pays more than \$600 during the course of a calendar year for services. The IRS is asking the following two questions on all tax returns with business activity:

- Did you make any payments this tax year that would require you to file Form(s) 1099? .....Y / N
- If "Yes," did you, or will you, file all required Form(s) 1099? .....Y / N
  
- Did you make any retail purchases from businesses outside of Alabama (mail order, internet, telephone, etc.) where Alabama sales tax was not collected (i.e. Amazon or eBay)? These purchases would include, but are not limited to: clothing, books, computers, furniture, and jewelry. It does not include the purchases of automobiles, trailers, mobile house, or motor boats.....Y / N
- If yes, please provide the following:  
 Purchase Price \_\_\_\_\_ Sales Tax Paid (if any) \_\_\_\_\_  
 Purchase Category:  General Use  Automotive Use  Agricultural Use
- Was everyone in your household covered by a minimum essential health care coverage plan? .....Y / N
- Did you receive a subsidy to help pay for insurance bought from the Marketplace and receive a 1095-A? .....Y / N
- Do you have a Will? .....Y / N
- Do you have a Durable Power of Attorney (POA)? .....Y / N
- Do you have an Advance Health Care Directive? .....Y / N

\*\*\*How did you hear about us?  Driving By  Mail  Phonebook  Online Search  Radio  
 Television  B.N.I.  Referral by: \_\_\_\_\_

How important are the following to you? 1 = Not Important at all 5 = Very Important

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| • Having someone take the time to meet with me and explain things to me. | 1 | 2 | 3 | 4 | 5 |
| • Having my return processed quickly.                                    | 1 | 2 | 3 | 4 | 5 |
| • Having to never file an extension.                                     | 1 | 2 | 3 | 4 | 5 |
| • Having confidence that my return is correct.                           | 1 | 2 | 3 | 4 | 5 |
| • Having a guarantee that my return is correct.                          | 1 | 2 | 3 | 4 | 5 |
| • Having access to an expert's advice.                                   | 1 | 2 | 3 | 4 | 5 |
| • Paying the lowest possible tax.  | 1 | 2 | 3 | 4 | 5 |

***Once the work is complete, how would you prefer to settle the invoice?***

- Automatic Draft Bank Account
  - Same banking information listed on front page
  - Bank Name: \_\_\_\_\_  Checking Account  Savings Account
  - Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_
  - \*\*\*Draft account - Immediately or 1<sup>st</sup> / 10<sup>th</sup> / 20<sup>th</sup> day of month
- Credit/Debit Card
  - Name as it appears on credit/debit card: \_\_\_\_\_
  - Card billing address: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  - Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  - \*\*\*Charge account - Immediately or 1<sup>st</sup> / 10<sup>th</sup> / 15<sup>th</sup> / 20<sup>th</sup> day of month

Signature authorizing payment \_\_\_\_\_ Date of Signature \_\_\_\_\_

.....  
**FOR OFFICE USE ONLY**

TS/PCS \_\_\_\_\_ TaxPro \_\_\_\_\_  
 ACT \_\_\_\_\_ Wlcm Pkt. Mailed \_\_\_\_\_  
 Tax Return Due Date List \_\_\_\_\_ Jacket/Perm File Made \_\_\_\_\_  
 BD List \_\_\_\_\_ Server File \_\_\_\_\_