

**Please complete so that we have your most current information on file
Accountant, Tax & Realtor Source, Inc.
NEW Client Information Form (Upload to client portal or Bring in)**

First Name / Last Name ___

SS# / Date of Birth___

Spouse First Name / Last Name ___

SS# / Date of Birth___

Current mailing address:

Apt #___

City / State / Zip Code ___

Cell Phone# for calls/texts:___

Email address:___

Did you pay for health insurance? Yes_ No___ / Internet Virtual Currency during tax year? Y_ N_

Students! Scholarship amount was used for fees, books or supplies \$_____ Scholarship amount included in your W2 income \$_____

How did you hear about us? ___

Dependents- EXACT spelling names, SS#, and Date of birth that is on file with SS Admin (803-772- 1213)

Dependents name First/Last	DOB	SS#	Relati on ship	# of months in home	Student (S) Or Disabled (D)

Child Care Providers- 2441 Yes_____ No_____ (if yes, complete information below)

Name	Address	ID#	Amount Paid

Indicate by 'X' if any of the following apply:

- *Withdrawal from pension ___(1099-R) *Health insurance thru Marketplace____(1095-A/8962)
- *HSA____(1099-SA) *Interest/Dividends____(8a/SchB) * Unemployment____(1099-G) *Social Security benefits____(1099SSA) *Retirement Contribution____ *Adoption____
- *Energy Savings Purchases____(5695) *Gambling winnings____(W2-G) *Virtual Currency____ *Repayment of Homebuyer Credit____(5405) *Student Loan Interest____ *Alimony Paid or Received ____
- *Student Education expenses____(1098T/8863) *Self-employed____(1099-Misc) *Business Owner____ *Rental property____ *Transportation Owner Operator ____ *Stock Trades____

Do you own a home? Yes ___ No ___

Did you purchase or refinance a home during tax year (CD)? (Sch A) Yes ___ No ___ (If no, skip to question #1 below) (If yes, X or write in amount for all that apply) *Last Year State Refund Received

\$_____ (line 10-1040) *Medical, dental, optometry _____ *Property taxes paid _____ *Vehicle

Taxes _____ *Land or other property taxes paid _____ *Mortgage Interest *Charitable (monetary _____; non-monetary _____)

*Refinance of New Home Purchase _____ (CD Statement) *Energy Savings Purchase _____ (5695) *Repay \$500 homebuyer credit _____ (5405)

Yes or No:

1. Do you have all of that tax documents that were mailed to you? Yes ___ No ___

2. Did you pay health insurance premium out of pocket?

Yes ___ No ___

3. New client? Do you have a copy of your previous year tax return with you? Yes ___ No ___ • Did you live and work in one stat for the entire year? Yes ___ No ___ • Did you receive the Earned Income (EIC) last year? Yes ___ No ___ • Are you claiming the same dependents you claimed last year? Yes ___ No ___

4. Is there anyone else who can or will try to claim you or your dependents? Yes ___ No ___ • Did you receive any income that you may have forgotten about? Yes ___ No ___ (i.e unemployment, short term jobs, etc)

5. Did you have any tax refund problems last year? Yes ___ No ___ If yes, describe _____

• Do you owe any prior year taxes, child support, unemployment, student loans, banks, or tax preparer companies? Yes ___ No ___ *If yes, or unsure, call the IRS at 1-800-304-3107 (offsets), and 800-829-1954 (hotline) and let us know immediately.*

6. How did you hear about us? Previous year client? ___ (LYC) Drive By/Office Sign? ___ (OS) Referred by _____

Other? Please specify _____

