

ALL CLIENTS – Please Complete This Information Sheet

If you are a new client, how did you hear about us? _____ Who referred you? _____

MARTIAL STATUS

Single

Married

CLIENT INFORMATION

Same as Last Year

SSN: _____

Spouse SSN: _____

Primary Name: _____

Spouse Name: _____

Date of Birth: _____

Date of birth: _____

Occupation: _____

Occupation: _____

Cell phone: _____

Cell phone: _____

Alternate phone: _____

Alternate phone: _____

May we contact you by text message? Yes No

May we contact your Spouse by text? Yes No

E-mail: _____

E-mail: _____

Address: _____ City _____ State _____ Zip _____

Can someone claim **YOU** as a dependent? Yes No

Did you **LIVE or WORK** in Lansing/E.Lansing/Jackson during the year? Yes No

Do you *want* your **CITY** return completed by X-TAX? Yes No

Did ANYONE in your household have Health Insurance through the Marketplace (ObamaCare) at **ANY TIME** during the year? Yes No

DEPENDENT INFORMATION (Do not list yourself or spouse.)

Same as Last Year

Dependent's Name (First Name, Initial, Last Name)	Dependent's SSN	Relationship	# of months in your home	Date of Birth	Disabled ✓	College Student ✓

INCOME/EXPENSES/HOUSEHOLD INCOME

Same as Last Year

Wages: # of W2s _____

Unemployment

Social Security Benefits

Self-Employment Income

Pensions & Annuities

Interest

Dividends

Gambling Winnings

Sale of Stocks, Real Estate
or Virtual Currency

Child Care Expenses

College Tuition Paid

Student Loan Interest Paid

Medical Expenses

Mortgage Interest Paid

Real Estate Taxes Paid

Charitable Donation

Energy Efficient Purchases

Out of State Purchases

Child Support Received:

\$ _____

FIP/FIA Cash Benefits:

\$ _____

Other Household Income:

\$ _____

Worker's Compensation:

\$ _____

Gifts: \$ _____

I certify that I would like my taxes prepared according to the information I provided above and acknowledge that there is a minimum consultation fee of \$25 (which can be waived should I file my taxes with X-Tax.)

Signature: _____

Date: _____