

NEW Client Information _____ Date In _____

Preferred Phone #: _____ e-mail: _____

How did you find us? _____

	Taxpayer	Spouse
Name		
Home Phone		
Cell phone		
E-mail		
US Citizen: yes/no		
Legally blind: yes/no		
SS# & COPY		
DOB/age (DL Info copied)		
Occupation		
Dependent of another?		
AOTC # year(s) taken		

CURRENT Address _____ Zip _____ County _____

Mailing address (if different) _____ Zip _____
 I/S City or TWP _____ School Dist _____

Date of move(s) _____ Prior Address(es) _____
 Date of move(s) _____ Prior Address(es) _____
 Was this a Federal declared Disaster area? _____

Copies of Prior Year's (PY) return(s) _____ PY Fed'l Tax Liab _____ PY State Tax Liab _____

Itemize? _____ State & Local refunds received _____

Carry over of: Net Operating Losses (NOL) _____ Capital Losses _____ Charity Contribution _____

Have you ever prepared / Filed a Gift tax return? _____

Did you take the First Time Homebuyers Credit in 2008? _____

Have you previously been disallowed from: Earned Income Credit (EIC), Child Tax Credit (CTC), or American Opportunity Tax Credit (AOTC)? _____

Dependent's	Dependent	Dependent	Dependent
Name			
US Citizen? Y/N			
SS# & COPY			
DOB/age (COPY Birth Cert or DL)			
Relationship			
Months in home			
Claimed by other?			
Income?			
AOTC # year(s) taken			

