

Bookkeeping Solutions

Taxpayer: _____ Occupation: _____

Spouse: _____ Occupation: _____

Address: _____

City, State, Zip: _____

Taxpayer Phone: _____ Spouse Phone: _____

Taxpayer Email: _____ Spouse Email: _____

Form 1095A is required if you have Marketplace insurance. IRS efile requires current state issued ID.

For New Clients Only

Taxpayer SS #: _____ Spouse SS #: _____

Date of Birth: _____ Date of Birth: _____

Filing Status (Circle One): Single Married Joint Married Separate Head of Household Widow

Are there any changes to dependents?

Yes

No

Dependent Name

Social Security #

Date of Birth

Notes for Preparer:

E-File?

YES

NO

FOR OFFICE USE ONLY:

Received By & Date:

Reviewed By & Date:

Preparer:

Scanned: