



# Client Information Sheet

If new, how did you hear about us? \_\_\_\_\_ Referred by: \_\_\_\_\_

## MARITAL STATUS (Please circle)

Single                      Married

## CLIENT INFORMATION

Primary Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Email \_\_\_\_\_

Cell phone service provider \_\_\_\_\_ May we contact you by text message?    **YES**            **NO**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Can someone claim **YOU** as a Dependent?                      **YES**            **NO**

Did you LIVE or WORK in Lansing / Jackson during 2016                      **YES**            **NO**

Do you want your CITY return completed by X-TAX?                      **YES**            **NO**

Did YOU and your SPOUSE have Health Insurance for ALL of 2016?                      **YES**            **NO**

If **YES**, mark all that apply:     Marketplace     Employer     Private     Medicaid     Medicare

## DEPENDENT INFORMATION (Do Not list yourself or spouse)

Dependent's Name (First, Initial, Last Name)	Dependent's SSN	Relationship to you	# of months in your home in 2016	Date of Birth	Disabled or College Student ✓	Health Insurance for All of 2016 Yes / No (Circle)
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

## INCOME / EXPENSES / HOUSEHOLD INCOME (circle all that apply)

- Wages: # of W-2s \_\_\_\_\_
- Unemployment
- Social Security Benefits
- Self-Employment Income
- Pensions & Annuities
- Interest
- Dividends
- Gambling Winnings
- Sale of Stock or Real Estate
- Child Care Expenses
- College Tuition Paid
- Student Loan Interest Paid
- Medical Expenses
- Mortgage Interest Paid
- Real Estate Taxes Paid
- Charitable Donations
- Employee business expenses
- Energy Efficient Purchases
- Child Support Received: \$ \_\_\_\_\_
- FIP/FIA Cash Benefits: \$ \_\_\_\_\_
- Other Household Income: \$ \_\_\_\_\_
- Workers Compensation: \$ \_\_\_\_\_
- Gifts: \$ \_\_\_\_\_

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I PROVIDED ABOVE. (Minimum \$20 Consultation fee)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_