

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 Filing Jointly

CLIENT INFORMATION

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 you by text message? 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/Jackson during the year? Yes No

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

Did YOU (if single) and your SPOUSE (if married) have Health Insurance for the **WHOLE** year? Yes No

If **YES**, check what type of health insurance coverage you had:

Marketplace

Employer

Private

Medicaid

Medicare

DEPENDENT INFORMATION (Do not list yourself or spouse.)

Dependent's Name (First Name, Initial, Last Name)	Dependent's SSN	Relationship	# of months in your home	Date of Birth	Disabled ✓	College Student ✓	Health Insurance for the WHOLE year	
							Y	N

INCOME/EXPENSES/HOUSEHOLD INCOME/OTHER

Wages: # of W2s ____

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

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 PROVIDED ABOVE. (There is a minimum consultation fee of \$20.)

Signature: _____

Date: _____