



CLIENT INFORMATION SHEET

MARTIAL STATUS:		<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED			
New clients, how did you hear about us?			Who referred you?			
TAXPAYER INFORMATION		SPOUSE INFORMATION				
Name <i>(First, Initial, Last Name)</i>		Name <i>(First, Initial, Last Name)</i>				
SSN	Date of Birth	SSN	Date of Birth			
Driver License/State ID #	State	ISS Date	Exp Date			
Occupation	Disabled		Occupation			
Cell Phone	Alternate Phone		Cell Phone			
Yes <input type="checkbox"/> No <input type="checkbox"/> Receive Texts?		Yes <input type="checkbox"/> No <input type="checkbox"/> Receive Texts?				
E-Mail Address		E-Mail Address				
Mailing Address	Apt #	City	State Zip			
Yes <input type="checkbox"/> No <input type="checkbox"/> Lived here all year?		Yes <input type="checkbox"/> No <input type="checkbox"/> Paid Property Tax?				
Yes <input type="checkbox"/> No <input type="checkbox"/> LIVED or WORKED in the City?		Yes <input type="checkbox"/> No <input type="checkbox"/> Can someone claim you as a dependent?				
DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? <i>(All that apply)</i>						
Wages - W2's _____ 1099-K <i>(Personal or Business)</i>	Sale of Virtual Currency	Medical Expenses				
Unemployment	Sale of Real Estate	Rent <i>(Complete Rent Info 2nd page)</i>				
Social Security Benefits	Sale of Stocks	Mortgage Interest				
Self-Employment <i>(Complete SE Form)</i>	Child Support \$ _____	Real Estate Taxes				
Pension & Annuities	Child Care Expenses	Charitable Donations \$ _____				
Interest	FIP/FIA/DHS Cash Benefits \$ _____	Energy Efficient Purchases				
Dividends	College Tuition	Out of State Purchases				
Gambling Winnings	Student Loan Interest	Form 1095-A <i>(Market Place Insurance)</i>				
Injured Spouse, if so which spouse owes the debt? _____	Worker's Compension \$ _____	Other Taxable or Non-Taxable Income				
		Foreign Income				
DEPENDENT INFORMATION						
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled ✓	College Student ✓
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>

(Over)

HEAT CREDIT INFORMATION

Yes No Heat included in Rent or anothers name?
Heat Provider? BWL Consumers Other _____
Type of heat? Electric Gas Other _____

HOUSING ASSISTANCE INFORMATION

Yes No Received Housing Assistance (i.e. CERA)? _____ If YES, Number of Months

RENT INFORMATION (January 1, 2023 thru December 31, 2023)

Yes No On Lease? _____ Number of months you paid Rent \$_____ Monthly Rent you paid
Street Address (Street, City, ST, Zip) Landlord Name (Street, City, ST, Zip)

RENT INFORMATION (January 1, 2023 thru December 31, 2023)

Yes No On Lease? _____ Number of months you paid Rent \$_____ Monthly Rent you paid
Street Address (Street, City, ST, Zip) Landlord Name (Street, City, ST, Zip)

PAYMENT OPTIONS

Cash Check Credit Card Deduct from Refund (Additional Fees Apply)

REFUND OPTIONS

Standard Mail Direct Deposit Routing # Refund Advance - Card Check Direct Deposit
Account
Bank Name Checking Savings

By completing this form, you certify that you would like your taxes prepared according to the information provided above. All bank products are subject to Bank fees and approval by the bank. X-TAX cannot promise or guarantee refund advances as they are subject to Bank underwriting approvals. X-Tax is only a facilitator.
Signature: _____ Date: _____

COMMENTS/NOTES

Blank area for comments/notes.



REFER-A-FRIEND

You receive \$25 **CASH** for referring a **NEW CUSTOMER** to X-TAX!

Your friend will receive a \$25 **DISCOUNT** off our tax fees!