



# CLIENT INFORMATION SHEET

<b>MARITAL STATUS:</b>		<input type="checkbox"/> <b>SINGLE</b>	<input type="checkbox"/> <b>MARRIED</b>	<input type="checkbox"/> <b>MARRIED SEPARATED</b>			
New clients, how did you hear about us?			Who referred you?				
<b>TAXPAYER INFORMATION</b>		<b>SPOUSE INFORMATION</b>					
Name (First, Initial, Last Name)		Name (First, Initial, Last Name)					
SSN	Date of Birth		SSN	Date of Birth			
Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date
Occupation		Occupation					
Cell Phone Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No					
E-Mail Address		E-Mail Address					
Mailing Address (street, apt #, city, state, zip)							
<b>DO ANY OF THE FOLLOWING CIRCUMSTANCES/INCOME/EXPENSES APPLY? (check all that apply)</b>							
<input type="checkbox"/> Being claimed as a <b>dependent</b> ?	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Gambling Winnings					
<input type="checkbox"/> Are you or your spouse <b>disabled</b> ?	<input type="checkbox"/> Pension & Annuities	<input type="checkbox"/> Medical Expenses					
<input type="checkbox"/> <b>Moved</b> during the year?	<input type="checkbox"/> College Tuition	<input type="checkbox"/> Student Loan Interest					
<input type="checkbox"/> Did you collect any <b>tips</b> ?	<input type="checkbox"/> Interest/Dividend Income	<input type="checkbox"/> Mortgage Interest					
<input type="checkbox"/> Did you work any <b>overtime</b> ?	<input type="checkbox"/> Sale of Stocks	<input type="checkbox"/> 1099-K (Personal or Business)					
<input type="checkbox"/> <b>LIVED</b> or <b>WORKED</b> in the <b>city</b> ?	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Charitable Donations \$ _____					
<input type="checkbox"/> Purchase a <b>BRAND NEW</b> car?	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Out of State Purchases					
<input type="checkbox"/> Wages - W2's _____	<input type="checkbox"/> FIP/FIA/DHS Cash Benefits \$ _____	<input type="checkbox"/> Sale of Virtual Currency					
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> VA Benefits? \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____					
<input type="checkbox"/> Self-Employment (Complete SE Form)	<input type="checkbox"/> 1095-A / Marketplace Insurance	<input type="checkbox"/> Sale of Real Estate					
<input type="checkbox"/> Injured Spouse							
<b>DEPENDENT INFORMATION</b>							
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled	College Student	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

(Over)

**RENT INFORMATION (January 1st thru December 31st)**

On Lease?  Yes  No 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 1st thru December 31st)**

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Landlord Name (Street, City, ST, Zip)

**HEAT CREDIT INFORMATION**

Heat included in rent or another's name?  Included  Not included

Heat Provider?  BWL ( 901334 )  Consumers ( 0900213 ) Other \_\_\_\_\_

Type of heat?  Electric ( 100 )  Natural Gas ( 300 ) Other \_\_\_\_\_

**PROPERTY TAX/HOME OWNERS**

Own a home you pay property taxes for?  Yes  No Did you provide physical copies of your property taxes?  Yes  No

IF NO, what township did you live in so we can access them online?

This home your primary residence?  Yes  No \_\_\_\_\_

**PAYMENT OPTIONS**

Cash  Check  Credit Card

Deduct from Refund (Additional Fees Apply)

**REFUND OPTIONS**

\*The Internal Revenue Service, working with the U.S. Department of the Treasury, announced that paper tax refund checks for individual taxpayers will be phased out beginning on Sept. 30, 2025, as required by Executive Order 14247, to the extent permitted by law. This marks the first step of the broader transition to electronic payments. IRS warns of a possible 6 week minimum delay. Certain exceptions may apply to allow paper checks but still expect delays

Standard Mail\*  Direct Deposit

Refund Advance  Card  Check  Direct Deposit

Routing # \_\_\_\_\_

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**

\$\$

# 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!