



## CLIENT INFORMATION SHEET

MARTIAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>				
New clients, how did you hear about us?			Who referred you?				
1. Can someone claim <b>YOU</b> as a dependent? ..... 2. Did you make <b>CASH</b> Charitable Donation(s) totaling \$300 or more during the year? ..... 3. Did you <b>LIVE</b> or <b>WORK</b> in the City (Philadelphia, New York, Delaware, etc) anytime during the year? ..... <i>If Yes, did you also work from home? .....</i> 4. Did <b>ANYONE</b> in your household have <b>HEALTH INSURANCE</b> through the Marketplace? ..... <i>If Yes, do you have <b>FORM 1095-A?</b> We will need it to complete your tax return .....</i> 5. Did you receive the Advanced Child Tax Credit? How many children? ..... <i>If Yes, do you have <b>IRS LETTER 6419-G?</b> How much did you receive? \$ .....</i>			Yes <input checked="" type="checkbox"/>	No <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"/>	<input type="checkbox"/>			
TAXPAYER INFORMATION		SPOUSE INFORMATION					
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 <span style="float: right;">Disabled <input type="checkbox"/></span>		Occupation <span style="float: right;">Disabled <input type="checkbox"/></span>					
Cell Phone	Alternate Phone	Cell Phone	Alternate Phone				
May we contact you by text message?    Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact you by text message?    Yes <input type="checkbox"/> No <input type="checkbox"/>					
E-Mail Address		E-Mail Address					
Mailing Address <span style="float: right;">Apt</span>		City	State    Zip				
Did you live at this address all year?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Did you pay Property Tax?    Yes <input type="checkbox"/> No <input type="checkbox"/>					
DID YOU RECEIVE ANY NON-TAXABLE INCOME?		MTH <input checked="" type="checkbox"/> YR <input checked="" type="checkbox"/>	How much per Month/Year				
<b>Total</b>			\$ _____				
Child Support? .....		\$	_____				
FIP/FIA Cash Benefits? .....		\$	_____				
Worker's Compensation? .....		\$	_____				
What was your PRIOR YEAR Earned Income (2022) (New Clients Only).....		\$	_____				
DEPENDENT INFORMATION							
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses <input checked="" type="checkbox"/>	Disabled <input checked="" type="checkbox"/>	College Student <input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>

(Over)

**DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (✓All that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wages - W2's _____                                      | <input type="checkbox"/> Gambling Winnings                   | <input type="checkbox"/> Medical Expenses                            |
| <input type="checkbox"/> Unemployment  | <input type="checkbox"/> Sale of Virtual Currency            | <input type="checkbox"/> Rent (Complete Rent Info below)             |
| <input type="checkbox"/> Social Security Benefits                                | <input type="checkbox"/> Sale of Real Estate                 | <input type="checkbox"/> Mortgage Interest                           |
| <input type="checkbox"/> Self- Employment (Complete SE Form)                     | <input type="checkbox"/> Sale of Stocks                      | <input type="checkbox"/> Real Estate Taxes                           |
| <input type="checkbox"/> Pension & Annuities                                     | <input type="checkbox"/> <b>Child Care Expenses \$</b> _____ | <input type="checkbox"/> Charitable Donations \$ _____               |
| <input type="checkbox"/> Interest  | <input type="checkbox"/> College Tuition                     | <input type="checkbox"/> Energy Efficient Purchases                  |
| <input type="checkbox"/> Dividends   | <input type="checkbox"/> Student Loan Interest               | <input type="checkbox"/> Out of State Purchases                      |
| <input type="checkbox"/> Injured Spouse, If so which spouse owes the debt: _____ |  | <input type="checkbox"/> PPP Loan Forgiveness (Self Employment Only) |

**HEAT CREDIT INFORMATION**

Did anyone help pay your bills during the year? ..... Yes  No

Are the heating costs currently included in rent or in another's name? ..... Yes  No

Who is your Heat Provider?  BWL  Consumers Other \_\_\_\_\_  
 What type of heat do you have?  Electric  Gas Other \_\_\_\_\_

**RENT INFORMATION (Complete only if you paid Rent last year - January 1, 2023 thru December 31, 2023)** **Were you on the lease? Yes  No**

Number of months you lived there and paid rent in 2023 \_\_\_\_\_ Monthly Rent Amount (Your Portion) \$ \_\_\_\_\_

Street Address		Apt/Lot #		Landlord Name	
City	Zip Code	Street Address	City	Zip Code	

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**REFUND AND PAYMENT INFORMATION**

How would you like to pay for our services?  Cash  Check  Credit Card  Debit Card  Deduct from Refund (Additional Fees Apply)

How would you like to receive your Refund?  Standard Mail  Direct Deposit \_\_\_\_\_

If you owe IRS, State or City taxes, how would you like to pay?  Check  Direct Debit

Bank Information: Bank Name \_\_\_\_\_ Checking  Savings

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

All bank products are subject to Bank Fees and approval by the bank. TAX EXPRESS cannot promise or guarantee that you will receive a bank product on your refund because it is subject to Bank & IRS Regulations. TAX EXPRESS is only a facilitator.

By completing and submitting this form you certify that you would like your taxes prepared according to the information provided above and acknowledge that there is a minimum consultation fee of \$25 (which can be waived should you file your taxes with TAX EXPRESS). This fee does not include services such as responding to IRS letters resulting from issues not stemming from TAX EXPRESS.

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