



Client Information Sheet

DROP-OFFS: If you own a Business or Rental Property. Please allow additional preparation time due to the volume of information and questions that would be addressed.

**SUBMIT ALL : INCOME DOCUMENTS / 1095 (MARKETPLACE INSURANCE) FORMS
MORTGAGE / SCHOOL FORMS**

**ID & SS CARDS FOR EVERYONE LISTED ON RETURN TO:
SNLTAX@OUTLOOK.COM - include name in subject line.**

Please fill in the following information pertaining to your tax return.

**Note -Taxpayer is the first name on your tax return.

General Information:

Name: (Exactly as it appears on your Social Security Card): _____

Taxpayer's Social Security Number: _____ Birthdate: _____

Spouse's Name (As it appears on Social Security Card): _____

Spouse Social Security Number: _____ Birthdate: _____

Current Address: _____

Occupation: _____ Insurance: _____

School: _____ Previous Years Filed: _____ 1098T
Form

Cell Number (taxpayer): _____ (spouse): _____

E-mail address: _____ Cell Phone Carrier: _____

List dependents: Dependent(s) must reside with you more than 1/2 the filing year.

Name (As appears on Social Security Card)	Social Security Number	Date of Birth	Relationship

We are an electronic filing company partnered with Republic Bank

Direct Deposit Bank Name: _____

Account Number: _____ Routing Number: _____

Self-Employment (**Schedule C Filer's require a business expense form**) - Check if needed.

Signature: _____ Spouse Signature: _____