



# 2022 Client Information Sheet - Individual

## Taxpayer

## Spouse

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dependent of another: Y or N

Dependent of another: Y or N

Blind: Y or N

Blind: Y or N

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Soc Se. Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Dependents

(Please list anyone who you believe can be claimed as a dependent)

First Name	Last Name (If different)	Date of Birth	SSN	Relation	Months at home	Disabled	Student
_____	_____	_____	_____	_____	_____	Y or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N

Do you own/partner in a Business? Y or N

How did you hear about us?

Do you own Rental Properties? Y or N

Do you receive K-1s? Y or N

Referral: \_\_\_\_\_

Do you have any Crypto Currency Investments? Y or N

Do you have a Foreign Bank Account? Y or N

Somewhere Else: \_\_\_\_\_

Do you have Health Insurance through the NYS Marketplace Y or N If yes, please provide 1095-A

Did you receive a 1099-K from Venmo or other electronic transfers? Y or N