2021 Client Information Intake Worksheet								
			Please pro	ovide the following	materials:			
, ,								
This COMPLETED form along with ALL income wage statements (W-2's and 1099's)								
		New Clients Inc	aluda a sany of	laat vaar'a Eadar	al and State Inco	ma Tay Batum/a		
		New Chemis In	cidue a copy of	iast year s reuer	ai ailu State ilico	ille lax Return(s	·)	
Name of Taxpayer:					Name of Spouse: _			
Occupations					Occupations			
Occupation:					Occupation:			
Current Address:					Current Address:			
City:		Apt #			City:		Apt #	
State:	Zip:				State:	Zin:		
Otate:					otate:			
Township and County:					Drivers License Number:			
Drivers License Nu	mber:				Issue Date:	Ехр	iration Date:	
Issue Date:	Ex	piration Date:			Best Contact Numb	er:		
					Is this a cell? Can I text you at this number?			
Best Contact Numb	er:				Current Email:	1		
		you at this number?_						
Current Email:					Places Note: This I	Form to Poquirod It	must be submitted w	hon you dron
Bank Name:						or when you email y		пен уой агор
Bank Routing Number:					Failure to complete and sign this form means I cannot prepare your return and			
Bank Account Number:					you will be instructed to come and pick up your documents.			
Bank Account Num	ber:							
RENTERS								
Name of Landlord		Address of Landlord	l	Number of Months	@ Address	Rent Paid @ Addres	ss- Include only amt y	ou paid
Roommate Info	rmation - This is	necessary to det	ermine whether	you are eligible	for a renter's cre	dit		
Did you have a Roommate during any part of the year you paid rent?								
		and for how many mo roommate's annual in						
What is the approxi	mate amount of the l		come.					
			EXEMPTIO	ON AND DEPEND	ENT DATA			
Name		Social Security Num	ber	Relationship to you	/Can they be claimed	d by someone else	Date of Birth	
Self- Taxpayer								
. ,								
Spouse								
		DI EACI	E COMPLET	E OTHER S	IDE OE TUIS	S EODM		
		FLEASE		- CITIER 3		J I GIVINI		