

CLIENT INFORMATION SHEET

MARTIAL STATUS:		<input type="checkbox"/> SINGLE			<input type="checkbox"/> MARRIED				
New clients, how did you hear about us?				Who referred you?					
TAXPAYER INFORMATION				SPOUSE INFORMATION					
Name <i>(First, Initial, Last Name)</i>				Name <i>(First, Initial, Last Name)</i>					
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					
Disabled				Disabled					
Cell Phone		Alternate Phone		Cell Phone		Alternate Phone			
Yes No Receive Texts?				Yes No Receive Texts?					
E-Mail Address				E-Mail Address					
Mailing Address			Apt #	City		State	Zip		
Yes No Lived here all year?				Yes No Paid Property Tax?					
				Yes No Can someone claim you as a dependent?					
DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? <i>(All that apply)</i>									
Wages - W2's _____ How many 1099-K <i>(Personal or Business)</i>		Sale of Virtual Currency		Medical Expenses					
Unemployment		Sale of Real Estate		Mortgage Interest					
Social Security Benefits		Sale of Stocks		Real Estate Taxes					
Self-Employment		Child Support \$ _____		Charitable Donations \$ _____					
Pension & Annuities		Child Care Expenses		Energy Efficient Purchases					
Interest		FIP/FIA/DHS Cash Benefits \$ _____		Out of State Purchases					
Dividends		College Tuition (we need form 1098-T)		Form 1095-A <i>(Market Place Insurance)</i>					
Gambling Winnings		Student Loan Interest		Other Taxable or Non-Taxable Income					
Injured Spouse, if so which spouse owes the debt? _____		Worker's Compension \$ _____		Foreign Income					
DEPENDENT INFORMATION									
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled ✓	College Student ✓			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>			

(Over)

Do you share custody of any of your dependents Yes _____ NO _____
If so who? _____(please upload custody agreement)
Did you file with us last year? Yes _____ NO _____
If not, where did you file: _____ (when possible we like to see last years return)
Have you received any IRS or State notices that you need assistance with?
Yes ___ No ___

Do you need to discuss tax planning for future years? Yes ___ No ___

Choose which method of communication you prefer:

Phone Call ___ Text ___ Portal message ___

Best time of day to contact you: _____

TAX PREP PAYMENT OPTIONS:

We no longer offer "pay when you get your refund". All tax returns must have a payment method checked prior to sending your tax return.

Cash ___ Check ___ Electronic Check ___ Venmo ___ Paypal/FB Pay ___ Post dated check/EFT ___(form required to be signed)

Deduct from Refund _____ (additional fees apply)**Not our fee but the bank fees**

REFUND OPTIONS:

Standard check by mail _____ Direct Deposit _____

Routing #: _____ Account #: _____ Checking ___ Savings ___

Bank Name: _____

Refund Advance Yes ___ No ___

Card ___ Check ___ Direct Deposit ___

Once your return is completed how do you prefer to sign, finish, pay, and get copies?

I prefer to sign, pay and get copies via the electronic portal _____

I prefer to come in person, sign, pay and get my copies _____

Is there a 3rd party such as friend, family member, boyfriend/girlfriend that we have your permission to discuss your information with? Yes ___ No ___

If so, who may we discuss with? _____ Relationship _____ Phone Number _____

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 (not us). Simplex Tax cannot promise or guarantee refund advances as they are subject to bank underwriting approvals. Simplex Tax is only a facilitator. You are responsible for sending all documents for income, deductions, expenses and while we are not required to have all the receipts you are. You acknowledge that you are responsible for keeping all records to substantiate all items on your return including dependents.

Signature: _____ Date: _____