



# Do not email this form

bring it to your appointment or upload to our portal

## NEW CLIENT INFORMATION

Complete as much of this form as possible. If you have any questions, leave it blank or give us a call at (757) 357-1110 & we can help. When complete, print this and bring it with you for your consultation or upload to your portal. DO NOT EMAIL.

## YOU

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*Last First Middle xxx-xx-xxxx format*

Date of Birth: \_\_\_\_\_ Taxpayer state of residence: (For income taxes) \_\_\_\_\_  
*mm-dd-yyyy format*

## SPOUSE

Full Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
*Last First Middle xxx-xx-xxxx format*

Date of Birth: \_\_\_\_\_ Spouse state of residence: (For income taxes) \_\_\_\_\_  
*mm-dd-yyyy format*

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

\_\_\_\_\_

City State ZIP Code

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Filing Status: Single Married Filing Jointly Married Filing Separately Head of Household Unsure

Have you or your spouse been a member of the uniformed services? YES NO

Do you have student loans eligible for an Income-Based (or Income-Driven) Repayment Plan? Yes No

Did you have a business or "side hustle" last year? \_\_\_\_\_ If yes, what type of business? \_\_\_\_\_

Did you own any rental properties last year? \_\_\_\_\_ If yes, see "Rental Property Spreadsheet" & attach.

Do you receive a schedule K-1? Yes No Checking Savings

If you are entitled to a tax refund and you would like it directly deposited into your bank account:

Bank Name: \_\_\_\_\_ Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

DEPENDENTS

Full Name:	_____	College student?	File their own return?
	<i>Last</i> <i>First</i> <i>Middle</i>		
Date of Birth:	_____	Social Security Number:	_____
Full Name:	_____	College student?	File their own return?
	<i>Last</i> <i>First</i> <i>Middle</i>		
Date of Birth:	_____	Social Security Number:	_____
Full Name:	_____	College student?	File their own return?
	<i>Last</i> <i>First</i> <i>Middle</i>		
Date of Birth:	_____	Social Security Number:	_____
Full Name:	_____	College student?	File their own return?
	<i>Last</i> <i>First</i> <i>Middle</i>		
Date of Birth:	_____	Social Security Number:	_____

Did you pay for childcare last year? \_\_\_\_\_ *If yes, how much?* \_\_\_\_\_

Did you own a home last year? \_\_\_\_\_ *If yes, is it your primary residence?* \_\_\_\_\_

What are your concerns this tax season?

**For office appointments:**

Bring this completed form & copy of your prior year tax return or upload to the portal.

**For online appointments:**

Complete this form & upload to the portal along with copy of your prior year tax return.