



2018 Tax Season Client Information Sheet

Names: _____ Phone Number: _____

Email: _____

Address To Be Used on Tax Return: _____

Individuals To Be Claimed On Return:

<u>Name</u>	<u>Social Security No.</u>	<u>Drivers License No./State</u>	<u>Birthday</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Not Needed for Children	_____
_____	_____	Not Needed for Children	_____

YES NO

Would you like a copy of your Tax Organizer (approx. 20 pages) to prepare your information?

Did you have any gambling winnings in 2018?

Did you own any cryptocurrency?

Did you make any large purchases out of California (or State of Residence)?

Did you have Health Insurance? If so, was it Marketplace or Private? _____

Were you covered by Health Insurance for the full year?

Did you pay any attorney fees?

Did you receive any cancellation of debt?

Did/Do you own any foreign bank accounts with over \$10,000 collectively?

Did you sell any real estate?

Did you contribute to a Retirement Savings Account? Any withdrawals? _____

Do you own a business? _____ Started in 2018 _____ Started before 2018

If so, is it a: _____ Sole Prop _____ LLC _____ LLC-as Scorp _____ Scorp _____ Corp

If you OWN a business, were you on the payroll (you received a W2)?

Did you make any estimated tax payments? If so, how much?

1st Qtr Fed _____ CA _____ 2nd Qtr Fed _____ CA _____

3rd Qtr Fed _____ CA _____ 4th Qtr Fed _____ CA _____

Would you like your refunds directly deposited into your bank account?

If so, please provide: Routing Number _____ Ckg

Account Number _____ Svg

Signature

Date

Print Name