**CLIENT DATA SHEET**

**At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes / No**

**Personal Information**

|  |  |
| --- | --- |
| 1. First Name |  |
| 2. Middle Initial |  |
| 3. Last Name |  |
| 4. SSN (New clients only) |  |
| 5. Date of Birth (New clients only)  | MM/DD/YYYY |  |
| 6. Contact number | Cell: |  |
| 7. Email address | Personal: |  |
| 8. Home address | Street 1: |  |
|  | Street 2: |  |
|  | City: |  |
|  | State: |  |
|  | Zip: |  |
| 9. Work address (only if living and/or working in PA) | Street: |  |
|  | City: |  |
|  | State & Zip: |  |
| 10. Occupation |   |
| 11. Bank information for refund | Checking or Savings? |  |
|  | Bank Name: |  |
|  | Routing #: |  |
|  | Account #: |  |

**Spouse Information**

|  |  |
| --- | --- |
| 1. First Name
 |  |
| 1. Middle Initial
 |  |
| 1. Last Name
 |  |
| 1. SSN/ITIN (New clients only)
 |  |
| 1. Date of Birth (New clients only)
 | MM/DD/YYYY |  |
| 1. Contact number
 | Cell: |  |
| 1. Email address
 | Personal: |  |
| 1. Home address
 | Street: |  |
|  | City: |  |
|  | State & Zip: |  |
| 1. Work address (only if living and/or working in PA)
 | Street: |  |
|  | City: |  |
|  | State: |  |
|  | Zip: |  |
| 1. Occupation
 |  |  |

**Dependent Information**

|  |  |
| --- | --- |
| 1. First Name
 |  |
| 1. Middle Initial
 |  |
| 1. Last Name
 |  |
| 1. SSN/ITIN (New clients only)
 |  |
| 1. Relationship
 |  |
| 1. Date of Birth (New clients only)
 | MM/DD/YYYY |  |

*For additional dependents, please copy/paste the above format and provide information for all.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Please say “Y” for all that apply** | **Y** | **Please say “Y” for all that apply** | **Y** |
| Wage statement – W2s |  | Foreign income/investment |  |
| 1099-INT for Interest |  | Educator expense (for teachers) |  |
| 1099-DIV for Dividend |  | HSA Contribution |  |
| 1099-B for Brokerage account |  | Education expense |  |
| 1099-R for pension/IRA distribution |  | Medical expense (only if expenses are over 7.5% of total wages) |  |
| 1099 Misc – Contractor Income |  | Personal Property tax paid |  |
| Any other 1099 |  | Real Estate tax paid |  |
| Alimony (paid or received) |  | Mortgage interest |  |
| Own a business or self-employed |  | Job & Travel expenses (States only) |  |
| Own rental property |  | Union dues (States only) |  |
| Received unemployment |  | Job related education expense |  |
| Social Security Income |  | Tips/other income |  |
| Bought or Sold a home |  |  |  |

**Please say “Y” for all of the following that apply, and provide necessary dollar amounts with backup document(s).**

|  |  |
| --- | --- |
| **Item** | **Y** |
| Student loan interest paid |  |
| IRA Contribution |  |
| Child/Dependent care expenses |  |
| Donations (Sched A filers only) |  |
| Gambling winnings/losses |  |
| 529 Contribution |  |
| Other major expenses that you feel may affect your taxes (You will be called for further discussion) |  |
| Confirm if State Sales Tax is due on online purchases |  |

**Please provide details of all out of state purchases for which sales tax has not been paid for the state of residency. If not applicable, please say “N/A”.**

|  |  |
| --- | --- |
| **Details of Item** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |

**Please provide all addresses where you have lived in the tax year along with dates.**

|  |  |  |
| --- | --- | --- |
| **Date from** | **Date to** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |

**New clients: please provide a copy of your prior year tax return (if applicable).**