

WELCOME TO EZ TAX & INSURANCE!

To better serve and meet your tax preparation expectations, we ask that you take a few minutes to fill out the information below.

Are you a returning EZ Tax & Insurance client? Y | N

Do you have a preferred Tax Specialist? (please provide name) : _____

CLIENT INFORMATION

Primary Taxpayer Name : _____

Date of Birth : _____

SSN or ITIN : _____

Marital Status : Single
 Divorced
 Married filing separate
 Widowed
 Head of household

Preferred Contact Method: English | Spanish

Instagram Name : _____

Home Address : _____

City, State, Zip : _____

Occupation : _____

Best Phone Number : _____

Email : _____

Can you be claimed as a dependent by someone else? Y | N

SPOUSE INFORMATION

Spouse Name : _____

Spouse's Date of Birth : _____

Spouse's SSN or ITIN : _____

Spouse's Occupation : _____

Spouse's Home Address : _____

City, State, Zip : _____

Best Phone Number : _____

Email : _____

DEPENDENTS* (or person living in your household)

Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student?	Disabled?
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

CHILDCARE INFORMATION

Provider Name	Provider Address	Provider SSN / EIN	Amount Paid

CLIENT INFORMATION

(Check all that apply & include documents.)

- Employer (W-2)
 - 1099-Misc
 - Self-Employment *
 - Social Security/Retirement
 - Dividends (1099-Div)
 - Rental Property *
 - Stock or Mutual Fund sale (1099-B)
 - Unemployment
 - Other income not listed
- Explain: _____

EXPENSES

(Check all that apply.)

- Self Employment *
- Un-reimbursed by your employer
- Education
- Rental Property *
- Medical/Dental care
- Union Dues
- Moving cost

CREDITS & DEDUCTIONS

(Check all that apply.)

- Donate cash or goods to a charity?
- Pay Student Loan interest?
- Pay Child/Dependent Care expense?
- Have a Mortgage Payment? (1098)
- Make an IRA Contribution?
- Make a major taxable purchase?
- Pay Property Taxes?

HEALTH INSURANCE

(Check all that apply & include documents.)

Were you or any members of your household:

- Obamacare (marketplace)
- Employer Insurance
- Medicare or medicaid
- Other _____

MISCELLANEOUS

(Check all that apply.)

Did you or your spouse:

- Sell of buy a home?
- Take an IRA or 401(k) distribution?
- Pay/Receive alimony?
- Suffer catastrophic loss?
- Have gambling winnings/losses?

ADDITIONAL INFORMATION

- Are you or your spouse in debt with the IRS or any other government agencies? Y | N
- Would you be interested in Peace of Mind (IRS audit protection) by EZ Tax & Insurance? Y | N
- Would you be interested in credit repair? Y | N
- Are you purchasing a home within the next two years? Y | N
- Do you need a mortgage broker or realtor? Y | N
- Do you have a business? Y | N
- If yes, are you interested in bookkeeping? Y | N

PERSONAL INFORMATION

Routing Number : _____

Account Number : _____

BY SIGNING BELOW, I FULLY UNDERSTAND AND AGREE TO THE SERVICES BEING RENDERED BY THE TAX TEAM, I ALSO CONFIRM THAT THE INFORMATION I PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Would you like your federal or state income tax refund direct deposited? Y | N

Taxpayer Signature : _____

Date: _____

Spouse Signature : _____

Date: _____