

NEW CLIENT DATA SHEET

PERSONAL INFORMATION:

Name(s) \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Spouse's Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address \_\_\_\_\_ Would you like to receive Filak CPA's Newsletters? Yes No

Marital Status: Single Married Separated Widowed

Dependents (if applicable):

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Relationship: \_\_\_\_\_

Did children live with you? Yes No How many months? \_\_\_\_\_ Are any full time students? Yes No

Did you have any other dependents that were not your children? Yes No

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_

SECTION II:

YES

NO

Did you make any estimated payments? If yes: Amount Paid \$ \_\_\_\_\_

Did you purchase, sell or refinance your home or any property? \_\_\_\_\_

Did you buy or sell any stocks, bonds, or mutual funds? \_\_\_\_\_

Did you make any contributions to an IRA, SEP, or SIMPLE plan? \_\_\_\_\_

Did you receive a distribution from a retirement plan? \_\_\_\_\_

Did you, your spouse or a dependent incur any tuition expenses to attend a college, university, or vocational school that you were not reimbursed for? \_\_\_\_\_

Did you receive or pay any child / alimony support payments? Amount \$ \_\_\_\_\_ Paid or Received

Did you include the amount you paid for your license tabs? \_\_\_\_\_

Did you make any Charitable Donations? \_\_\_\_\_

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YES

NO

Do you have Health Insurance?

Did you purchase Health Insurance through the Exchange? Did you receive a subsidiary?

\_\_\_

\_\_\_

Did you have any Medical Expenses? (Prescriptions, Doctor Visit Copays, Eyeglasses, etc.)

\_\_\_

\_\_\_

Did you have Child Care Expenses?

\_\_\_

\_\_\_

Did you include your property tax statements, if applicable?

\_\_\_

\_\_\_

Did you make any purchases where you paid a large amount of sales tax (i.e., vehicles, furnishings)?

\_\_\_

\_\_\_

Do you want to e-file your tax return ?

\_\_\_

\_\_\_

If you receive a refund, would you like it Direct Deposited into your bank account? If yes: Bank Name \_\_\_\_\_

Routing #: \_\_\_\_\_ Bank Account # \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_

Is there anything else that you believe is pertinent information in preparing your tax return?

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