2023 Client Application



2023 Client Application Today's Date			
Filing Status (Please circle one): Single Married (Joint) Married (Separate) Head of Household Widower			
TAXPAYER INFORMATION:			
Taxpayer Name: Middle Initial: Last Name: (Jr, Sr)			
S.S.#:			
Disabled: Blind: Full-Time Student: Dual-Status Alien: Someone Else's Dependent: Deceased:			
Spouse Name: Middle Initial: Spouse Last Name:			
S.S.#: D.O.B.:/ Occupation:			
Disabled: Blind: Full-Time Student: Dual-Status Alien: Someone Else's Dependent: Deceased:			
Address: Apt: Phone: _()			
Email:			
City State Zip			
DEPENDENTS:			
First Name: Middle Initial: Last Name:			
S.S.#: D.O.B.: D.O.B.:			
# months lived with you during year? Disabled? Anyone else that can claim this dependent?			
If dependent is child over the age of 19 is he/she a Qualified College Student? If yes, provide school tuition forms, student loan interest forms, and/or any applicable out-of-pocket expenses spent on tuition, books, or required materials.			
First Name: Middle Initial: Last Name:			
S.S.#: D.O.B.:/			
# months lived with you during year? Disabled? Anyone else that can claim this dependent?			
If dependent is child over the age of 19 is he/she a Qualified College Student? If yes, provide school tuition forms,			

(If you have more dependents, please continue on back of this page or attach additional pages.)

student loan interest forms, and/or any applicable out-of-pocket expenses spent on tuition, books, or required materials.



If we have not previously prepared your return, please provide a copy of your prior year tax returns.				
Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected)YesNo				
VIRTUAL CURRENCY:				
At any time during 2023, did you receive, sell, send, exchange, or otherwise dispose of any financial interest in any virtual currency?YesNo (If yes please provide forms and information applicable.)				
Healthcare Section				
Starting with the 2019 plan year, the Federal Shared Responsibility Payment no longer applies. Some states, however, have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your "tax family."				
1. If you had health care coverage with a government Marketplace (Exchange) during 2023. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.				
2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, then you will also need a copy of that taxpayer's 1095-A.				
3. If a dependent filed a return for 2023. Provide a copy of the return.				
4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.				
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.				
6. Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of 2023.				
Please indicate any months that a member of your "tax family" was NOT insured.				
Estimated Payments				
Have you made any estimated tax payments throughout the tax year?				
If so, please provide amounts and dates paid:				
\$ Date: Date:				
\$Date:Date:				

Do you require estimated tax payment vouchers for the upcoming tax year?



Additional Information, Questions an	d/or Concerns:			
This Section Applicable to Small	l Business Only for Sc	hedule C		
(NOT FOR CORPORATE USE)	•			
You may be required to fill out an additional b	usiness application based on th	ne information provided below.		
Please submit all required income and expense statements for your business and/or Bank Statements, Receipts, Invoices, etc.				
Filing Status (Please circle one): Self-Employed	Sole Proprietor LLC			
FEIN #:	_ Business Name (if any):			
Business Address:				
Industry:	# Employees (W-2):	# Contractors (1099-MISC):		
Do you use any vehicles for business?	Make: Model	: Year:		
Do you keep proper mileage logs?	Business Miles:	Commute: Personal:		
Do you have any large purchases to be capitali	zed? Do you own c	or lease equipment for business?		
If YES, please provide a separate list all assets.				



### **This Section Applicable for State Tax Returns Only**

Do you have <b>STATE INCOME</b> that requires you to file state returns?			
What states require to be filed: (State filings will require additional information)			
Were you a legal resident, non-resident or part-time resident of the state mentioned above?			
If part-time resident: Date Moved In State: Date Moved Out State:			
Additional questions may need to be answered for State returns, depending on State.			
Additional Information, Questions and/or Concerns:			
Refund Options			
Refund Options (please circle one): *Direct Deposit Mail Check Payment			
**GreenDot Payment Card			
*If direct deposit has been chosen, please include a voided check or proof of valid bank routing & account number.			
** Ask us for details on how to get a GreenDot card for your tax refund.			
IRS Payment Options			
This section is only applicable to taxpayer's that owe the IRS money for taxes underpaid.			
Federal Tax Payment Options (please circle one): *Direct Debit *Credit Card Mail Payment			
*If direct debit has been chosen, please include a voided check or proof of valid bank routing & account number.			
Name on Card:,,			
Card #: Exp Date: CVC Code:			
Identity Protection Personal Identification Number (IPPIN)			
Have you been assigned an <i>Identity Protection Personal Identification Number (IPPIN)</i> from the IRS?			
Were you a previous victim of identity fraud with the IRS? If so, then this should apply to you.			
Your IPPIN#: Spouse IPPIN#:			



Do you have any questions or concerns regarding this year or a previous year tax return?				
, , , ,	e that I have provided Business and Finance Visi owledge, and that I have carefully read, reviewe onditions.	, , , , , , , , , , , , , , , , , , , ,		
Taxpayer:				
	Signature:	Date:		
Taxpayer Spouse:				
(Printed Name):	Signature:	Date:		