

2020 CLIENTS – Please Complete This Information Sheet

If you are a new client, how did you hear about us? _____ Who referred you? _____

File Name: _____ Transmit Code: _____

Federal Refund: _____ State Refund: _____ Tax Fee: _____

Marital Status

Single Married Head of Household

Client Information Same as last year

SSN: _____	Spouse SSN: _____
Primary Name: _____	Spouse Name: _____
Date of Birth: _____	Date of Birth: _____
Occupation: _____	Occupation: _____
Cell phone: _____	Cell Phone: _____
Alternate Phone: _____	Alternate Phone: _____
E-mail: _____	E-mail: _____
Address: _____	City: _____ State: _____ Zip: _____

Can someone claim YOU as a dependent? Yes No

Did you LIVE or WORK in New York during the year? Yes No

Dependent Information (Do not list yourself or spouse) <input type="checkbox"/> Same as last year						
Dependent's Name (First Name, Initial Last Name)	Dependent's SSN	Relationship	# of Months in your home	Date of Birth	Disabled ✓	College Student ✓

<input type="checkbox"/> Wages: # of W2s _____ <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Self Employment Income <input type="checkbox"/> Pensions & Annuities _____ <input type="checkbox"/> Interest <input type="checkbox"/> Dividends <input type="checkbox"/> Energy Efficient Purchases	<input type="checkbox"/> Child Care Expenses <input type="checkbox"/> College Tuition Paid <input type="checkbox"/> Student Loan Interest Paid <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Mortgage Interest Paid <input type="checkbox"/> Real Estate Taxes Paid <input type="checkbox"/> Charitable Donation <input type="checkbox"/> Sale of Stocks, Real Estate or Virtual Currency	Child Support Received: \$ _____ Other Household Income: \$ _____ Gifts: \$ _____ <input type="checkbox"/> Gambling Winnings
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Direct Deposit Information:

Bank Name: _____
 Routing Number: _____
 Account Number: _____

Status:

() Missing Information
 () Pay and Pick Up
 () Drop Off

How do you intend on paying for it?

Check Cash Take fee from refund Credit Card

I certify that I would like my taxes prepared according to the information I provided above and acknowledge that there is a minimum consultation fee of \$45 (Which can be waived should I file my taxes with Bruno Brokerage).

Signature: _____

Date: _____