

TAX YEAR: EXISTING CLIENT NEW CLIENT

File Name: _____ Transmit Code: _____ Multi-State

Federal _____ State: _____ Tax Preparer: _____ Tax Prep Cost: _____

If new how did you hear about us? _____ Referral name: _____

FILING STATUS :

- Single Married (Filing Jointly) Married-Filing Separate Head of Household

Full Name: _____ Spouse Name: _____

Social Security #: _____ Spouse Social Security #: _____

Date of Birth: _____ Spouse Date of Birth: _____

Cell Phone: _____ Spouse Cell: _____

Email: _____ Spouse Email: _____

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Dependent Return Parent File Name: _____ Occupation: _____

Did you have a change of residence during 2020? Yes No If yes, date of move: _____

DEPENDENT INFORMATION (Do not list yourself or spouse) IN SYSTEM PREVIOUS YEAR

Dependent's Full Legal Name	Social Security Number (Copy of card if new)	Relationship To Tax Client	# of Months in your home	Date of Birth	Disabled <input checked="" type="checkbox"/>	College Student <input checked="" type="checkbox"/>

2020 TAX YEAR DOCUMENTS: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Wages: # of W2s _____ | <input type="checkbox"/> Gambling Winnings | <input type="checkbox"/> College Tuition Paid |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Dividends | <input type="checkbox"/> Charitable Donation |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Interest | <input type="checkbox"/> Real Estate Taxes Paid |
| <input type="checkbox"/> Self Employment Income | <input type="checkbox"/> Student Loan Interest Paid | <input type="checkbox"/> Out of Pocket Medical Expenses |
| <input type="checkbox"/> Pensions & Annuities _____ | <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Mortgage Interest Paid |

Do you have any foreign bank/brokerage accounts? If yes, total balance is more than \$10k? Y or N

Direct Deposit Information: SAME AS PREVIOUS YEAR

Bank Name: _____

Checking Savings

Routing # _____

Account # _____

Client Status:

() Missing Info: _____

() Pay and Pick Up

() Drop Off: Email Fax Office

Did you receive a stimulus check? YES NO _____

How do you intend on paying for your Tax Preparation Cost?

- Check Cash Take fee from refund Credit/Debit Card + 3% processing fee Zelle PayPal

If paying by ERD, what high school did you attend or name of your first pet? _____

Valid Current State ID/Passport Provided (Mandatory for ERD option)

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

*SIGNATURE: X _____ DATE: _____