

**New Client Information Form**

**Services Today** (Check All That Apply)

* Tax Preparation
* Credit Repair
* Debt/Student Consolidation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Debt Amount\*
* Insurance (Life & Disability)
* Bookkeeping

WE REQUIRE A MINIMUM OF 2 YEARS PREVIOUS YEAR TAX RETURNS FOR ALL NEW CLIENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Taxpayer Information** |  |  |  | |
| First Name | M.I. | Last Name | Date of Birth | Social Security No. |
| Current Occupation: |  |  | 2020 were you: a. Full-time student [ ] Yes [ ] No  Blind or Disabled: [ ] Yes [ ] No | |
| Spouse's Information |  |  |  | |
| First Name | M.I. | Last Name | Date of Birth | Social Security No. |
| Current Occupation: |  |  | 2020 were you: a. Full-time student [ ] Yes [ ] No  Blind or Disabled [ ] Yes [ ] No | |
| Mailing Address (Please advise if you have more than one address) | | | | |
| Address City, State, Zip Code | | | | |
| Home Phone | Cell Phone | | Work Phone | |
| Email Address (VERY IMPORTANT FOR COMMUNICATION!) | | | | |
| **Filing Status**: [ ] Single [ ] Married Filing Joint [ ] Head of Household [ ] Qualified Widower [ ] Married Filing Separate\* [ ] Unknown  \*Generally, cannot efile and Spouse's Information will need to be provided for this filing status.  2020 ONLY: [ ] Married (date\_\_\_\_\_\_\_\_) [ ] Divorced (date\_\_\_\_\_\_\_\_\_) [ ] Spouse Died (date \_\_\_\_\_\_\_\_\_) | | | | |
| Can anyone claim you or your spouse as a dependent [ ] Yes [ ] No  Have you or your spouse: a. Been a victim of identity theft? [ ] Yes [ ] No  If Yes, What College or Trade School did you attend?  Do you own a home? [ ] Yes [ ] No  Home mortgage interest? (Form 1098) [ ] Yes [ ] No | | | | |
| Wage/Income Information (Check all that apply and provide documentation)   * W-2 wages ❑ W-2G Gambling or Lottery Winnings Amount$\_\_\_\_\_\_\_   ❑ 1099 Misc. /Self-Employed ❑ Cash Income not reported on a 1099 Amount $\_\_\_\_\_\_\_  ❑ 1099G Unemployment wages      ❑ Rental Property Income  ❑ Investment Income ❑ Interest Income from Savings, CD’s, etc… | | | | |
| **Dependents** - Qualified Relatives or Qualified Dependents?  Fill out this section completely. Names MUST MATCH their Social Security Card. Please provide the Social Security Card for verification. List anyone who you would like to review the dependent qualifications with our preparer. If you share custody, please be sure to provide necessary documentation to claim dependents.  # of months dependents lived in your home? \_\_\_\_\_\_\_\_\_ Do your dependents have health insurance?[ ] Yes [ ] No | | | | |
| Full Name: [ ] Student | | | Relationship: | |
| Social Security No: | | | Date of Birth: | |
| Full Name: [ ] Student | | | Relationship: | |
| Social Security No: | | | Date of Birth: | |
| Full Name: [ ] Student | | | Relationship: | |
| Social Security No: | | | Date of Birth: | |
| Full Name: [ ] Student | | | Relationship: | |
| Social Security No: | | | Date of Birth: | |
| If your dependent is not your son/daughter, why aren’t the parents filing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you or your spouse received any letters from the Internal Revenue Service? [ ] Yes [ ] No  Provide your cell phone provider (for electronic signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you owe any student loans? [ ] Yes [ ] No  Do you owe back child support? [ ] Yes [ ] No  Do you owe the IRS? [ ] Yes [ ] No  Are you currently being garnished for any debt? [ ] Yes [ ] No | | | | |

**By signing below, I give authorization to Integrity Financial Solution to electronically file my 2020 Tax Return. I understand that if the IRS does not release my refund, or if my refund is garnished due to ANY debt that I am responsible for my tax preparation fee starting at $199.99. I STATE THAT I HAVE ACKNOWLEDGED MY ESTIMATED REFUND AMOUNT AND TOTAL AMOUNT OF FEES FOR THE 2018 TAX YEAR. I ALSO UNDERSTAND THAT MY REFUND WILL BE ISSUED AS A CHECK, GREEN DOT CARD, OR DIRECT DEPOSIT INTO MY ACCOUNT. I ALSO UNDERSTAND THAT OWING THE IRS ANY OUTSTANDING DEBT OR ANY CHANGES TO IRS REGULATIONS COULD CHANGE MY REFUND AMOUNT. I DECLARE THAT THE INFORMATION PROVIDED BY MYSELF/MY SPOUSE AS LISTED ABOVE TO BE TRUE AND ACCURATE AND WILL BE USED TO PREPARE MY 2018 TAX RETURN.**

Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Tax Preparer Notes**