GORMAN TAX SERVICE

CLIENT INFORMATION WORKSHEET

**\*ALL CLIENTS ARE REQUIRED TO PRESENT THEIR DRIVERS LICENSE OR IDENTIFICATION CARD\***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

SPOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (HOUSE / CELL)

ALTERNATE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (HOUSE / CELL)

**EMAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE DEPENDENTS: YES / NO

NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYCARE EXPENSES: YES / NO IF YES, HOW MUCH PER MONTH? $\_\_\_\_\_\_\_\_\_\_

IF YOU LIVE IN MA, DO YOU PAY RENT? YES / NO

 IF SO, HOW MUCH PER MONTH? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU OWN RENTAL PROPERTY? YES / NO

DID YOU HAVE HEALTH INSURANCE COVERAGE ALL YEAR WITH NO GAPS? YES / NO

DID YOU OBTAIN YOUR HEALTH INSURANCE THROUGH THE HEALTH CONNECTOR MARKETPLACE? YES / NO

DID YOU HAVE ANY ACTIVITY WITH STOCKS (IE. SELLING OR BUYING)? YES / NO

ARE YOU SELF-EMPLOYED? YES / NO

DO YOU ANTICIPATE A REFUND? YES / NO IF YES, WOULD YOU LIKE DIRECT DEPOSIT?

BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT TYPE OF ACCOUNT IS LISTED ABOVE? CHECKING / SAVINGS

DO YOU WANT YOUR TAX PREP FEE TAKEN OUT OF YOUR FEDERAL REFUND **(FEE APPLIES)**? YES/NO

IF YES, **PICK ONE** SECURITY QUESTION. WHAT IS YOUR MOTHERS’ MAIDEN NAME? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WHAT WAS THE NAME OF YOUR FIRST PET? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*ALL NEW TAX CLIENTS MUST BRING PRIOR YEAR TAX RETURN\*\***