

Client Update

Date _____ / _____ / _____

Taxpayer Name _____

Spouse Name _____

1. Address Change?

Yes / No

If Yes

2. Phone Number ?

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3. Email Address?

Yes / No

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4. Marital Status Change?

Yes / No

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5. New Dependent?

SSN# _____ - _____ - _____ DOB ____ / ____ / ____

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6. Did you have Health Insurance for the full year?

Yes / No

If YES, please check which health insurance was

EMPLOYER _____ MEDI-CARE _____ MEDI-CAL _____ VA _____ Covered-CA(Marketplace/exchange) _____

7. If Receiving a Refund, how would you like your Refund Processed?

Mail Check (IRS & State will mail refund to address)

Direct Deposit Bank Name - _____

Routing Number _____

Account Number _____

E-COLLECT (our fee is taken out of your deposit-plus additional bank fees will apply)

Checking

or

Savings

8. Our software and security measures have changed we will now need Id information for both taxpayer and spouse.

Please Circle One: Drivers License California ID Other

Taxpayer # _____ Expiration Date: _____ Issue Date: _____

Please Circle One: Drivers License California ID Other

Spouse # _____ Expiration Date: _____ Issue Date: _____