Client Profile Primary Tax Filer's Information

Name as Shown on your Social Security Card:
Social Security #:
Occupation:
Date of Birth:
Work Phone:
Cell Phone:
Home Phone:
Did you have Health Insurance in 2016?
Yes No Part Year
Can anyone else claim you as a dependent?
Yes No
Spouse Information – If applicable Spouse's name as shown on their SS Card:
Social Security #:
Occupation:
Date of Birth:
Work Phone:
Cell Phone:
Did you have Health Insurance in 2016?
Yes No Part Year
Can anyone else claim you as a dependent?
Yes No
What was your marital status on Dec 31st 2016?
Single Married
Divorced/Separated Widowed
If legally married but you were separated, did you live with your spouse during any part of the last 6 months of the year? Yes No

Mailing Address:
If you are due a refund, would you like it directly deposited into your bank account? YesNo
Bank Name:
Routing Number:
Account Number:
Were you or any of the dependents College Students for the tax year? Yes No
If <u>Yes</u> did you receive a 1098T?
Did you earn income outside of WA?
Were you a resident of WA all year?
If NO, please list dates of residency in WA and other state(s):
Have you received any notices from the IRS or State Revenue office in 2016?
Did you buy or sell a house? Yes No
Did you receive any W2's? Yes No
Did you receive SS Benefits? Yes No
Did you receive a 1099R? Yes No
Did you receive a 1099SA? Yes No
Did you receive a 1095A, B, C? Yes No
Did you have any gambling winnings? Yes No
Did you receive a 1099G? Yes No
Did you receive a State refund? Yes No
Did you sell any stock? Yes No
Did you receive a 1099Misc? Yes No
Did you pay / receive any Alimony? YesNo
Did you contribute to an IRA/Roth? Yes No
Did you pay on any student loans? Yes No
Did you receive an ID Protection Pin? Yes No