

## A2Z Tax Client's Information Sheet

Taxpayer: First Name: _____ Last: _____ SS#/ITIN#: _____			
Date of Birth: ____/____/____		Profession : _____	
Cell #: _____		Email: _____	
Spouse's First Name: _____ Last: _____ SS#/ITIN#: _____			
Date of Birth: ____/____/____		Profession: _____ Cell #: _____	
Home Address: _____			Is it a new Address? [ ] Yes [ ] No
City: _____		State: _____	Zip : _____
Filing Status? (Check one X)			
[ ] Single [ ] Married filing jointly [ ] Married filing separately [ ] Head of household			
Can you or spouse be claimed as a dependent on anyone else tax return? [ ] Yes [ ] No			
Name of Dependents / Children	Date of Birth	Social Security # / ITIN	Relationship
Do you owe taxes from previous years or have delinquent Child Support or Alimony? [ ] Yes [ ] No			
Did you have Obama Care Health (ACA) Insurance last year? [ ] YES (provide 1095-A Form) [ ] Not at all			
Did you Buy or Sell Crypto Currency in 2024: [ ] Yes [ ] No			
How would you like your Refund? [ ] Direct Deposit [ ] Check			
How did you Find out about us: Google [ ] Flyers [ ] Friend/Family?: _____			
Direct Deposit: Bank Name: _____ Routing #: _____ Account #: _____			
Taxpayer DL # / ID #: _____		Issue Date: _____ Exp Date: _____	
Spouse DL # / ID #: _____		Issue Date: _____ Exp Date: _____	
Taxpayer Status: [ ] US Citizen [ ] Citizen of: _____ Spouse: [ ] US Citizen [ ] Citizen of: _____			

**Disclaimer:** This is to certify that all the information above is correct according to my best knowledge and the preparer will not be held responsible for any rejections/audits or refunds on my Tax Return.

Taxpayer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Location: \_\_\_\_\_