CRESSEY RICE TAX SERVICE LLC

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www.cresseyrice.com

Client Information

NEW CLIENTS: Your most recent Tax Return filed with the IRS and State/s
RETURNING CLIENTS: Please fill out if your information has changed since we last filed your taxes

TAXPAYER:	SPOUSE:
First Name:	First Name:
Last Name:	Last Name:
Middle Initial:	Middle Initial:
New Clients:	
Birthday:	Birthday:
Social Security#:	Social Security#:

New Clients or Updated Client Information

Preferred Email Address: Preferred Email:
Filing Status? (Single/Head of Household/Married/Married Filing Separately)
Occupation: Occupation:
Driver's License Number   Driver's License Number
Driver's License Issue Date   Driver's License Issue Date
Driver's License Expiration Date   Driver's License Expiration Date

PHONE CONTACT INFORMATION:

Preferred Phone number:

Texting OK?:

Best time/day to call?

CURRENT Mailing Address (For IRS Purposes):

Did you move your main residence in 2022?

If Yes: General Locations & Dates:

BANK INFORMATION FOR ANY TAX REFUND/CHOICE OF PAYING TAXES:

Name of Bank:
Routing Number:
Account Number:
Checking or Savings Account?

Tax Payment Preferrence:

Direct w/draw through tax return, online after filing, or through the mail?

Did you use any online payment platforms to ACCEPT payments?

If Yes: 1099-K form issued if $600 or more from each platform
 (ex. Ebay/Paypal/Venmo/Square/Pay Apps)
** IF NOT FOR BUSINESS:
You will need to have form revised by the online payment platform

Did you sell any digital/crypto currencies?

If Yes: 1099-B form or 8949 form from your trading platform/s

Did you pay a reduced Health Insurance Premium?

If Yes: 1095-A Form is required w/the tax return - AND tax planning is important w/these!

DEPENDENT INFORMATION: *(Please list additional dependents as well)*

First/MI/Last:
Birthday:
Social Security#:
Relationship to you:

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