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2018 CLIENT CONTACT INFORMATION

Name: _____ Spouse: _____

Date of birth: _____ Date of birth: _____

Dependents Name: _____ Date of birth: _____

*please include social security numbers for NEW DEPENDENTS on return

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

The following Driver's License information MUST BE included for New York State tax filers:

Driver's License # _____

Driver's License Document # _____

Driver's License Issue Date _____ and Expiration Date _____

****BANK INFORMATION IS REQUIRED FOR REFUNDS ****

If we do not receive current bank information, you will not get a direct deposit!

_____ I am including a check for my tax prep fee (this account will be used for refund)

_____ I will call in a credit card payment (be sure to include a voided check for refund)

(*NOTE: payment must be received before returns can be electronically filed)

Healthcare Coverage: (send proof of coverage ONLY if it is not covered by your employer)

_____ Yes, I had full healthcare coverage for all of 2018

_____ No, I did not have healthcare coverage for 2018

** New Clients only ** please include a copy of your last year's Income Tax return

Also, kindly let us know who referred you to our office: _____