

2020 CLIENT CONTACT INFORMATION

Name: _____ Spouse: _____

Date of birth: _____ Date of birth: _____

Dependents Name(s): _____ Date of birth: _____

*please include social security number for NEW DEPENDENTS

Address: _____ Cell Phone: _____

EMAIL Address: _____

*If you have moved out of state, please list the date that you moved from your prior state _____

Driver's License Information

You may include a copy of your license (both the front and back) or list the information below

Driver's License # _____ State _____ Document # (NY ONLY) _____

License Issue Date: _____ License Expiration Date: _____

Spouse License # _____ State _____ Document # _____

License Issue Date: _____ License Expiration Date: _____

Bank Information for Refunds

_____ Check here if your bank information is the same as last year

If you have new bank information you may provide a voided check **or** list the account and routing number

Account # _____ Routing # _____

Living and Work Locations in 2020

NEW FOR 2020 ~ if applicable ~ list the timeline of dates below of where you were working and living during the 2020 tax year. Please be sure to specify each month that your home/work locations changed.

Payment Options

*Accepted forms of payment include check, cash, credit card or Venmo

Venmo @kevin-wilson-192 (four digit # 7717)

****New Clients Only**** please include a copy of your 2019 Income Tax return

Kindly let us know who referred you to our office: _____