General Client Information Form  Sound Tax Service

Returning Client or New Client





Direct Deposit Info> Routing #\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_ Checking or savings? Name of Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you covered by health insurance all last year? Do you have 1095 forms? Exemption forms?

Private Insurance? Medicare/Medicaid? SEARHC Beneficiary? Months Covered?

Does this apply to all members of your household?

How do you prefer to receive tax return?



Did you receive PDF? How many members of household received PFD?

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 Taxpayer Spouse Date

OFFICE USE

Engagement Letter\_\_\_\_\_\_

Use/Disclose Forms \_\_\_\_\_

ID’s \_\_\_\_\_\_

Email/Fax Release \_\_\_\_\_

Due Diligence \_\_\_\_\_\_

Others (POA, Release of Exemption, 8821, etc)