

Boyle & Henderson, P.C.
Client Data Sheet

TAXPAYER'S NAME: _____ DOB: _____ SSN: _____

SPOUSE'S NAME: _____ DOB: _____ SSN: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

FILING STATUS: MFJ MFS S HOH STUDENT, BUT DEPENDENT OF ANOTHER TAXPAYER

DEPENDENTS:

NAME: _____ DOB: _____ SSN: _____ F / M

NAME: _____ DOB: _____ SSN: _____ F / M

NAME: _____ DOB: _____ SSN: _____ F / M

DIRECT DEPOSIT INFORMATION: **** Has any of your direct deposit information changed??**

BANK: _____ CHECKING _____ OR SAVINGS _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

HEALTH INSURANCE COVERAGE: Did all individuals claimed on the tax return have health insurance all 12 months of the tax year? YES _____ NO _____

****If you had Marketplace Insurance we must have the 1095-A OR if you marked "NO" you will need to complete the HEALTH INSURANCE INFORMATION WORKSHEET.***

DRIVER LICENSE INFORMATION: We are required to enter driver license or state issued ID information in order to electronically file 2017 tax returns. This is a security measure added by the IRS to help prevent identity theft.

TAXPAYER:

Type of ID: _____ ID #: _____ STATE: _____

Issue Date: _____ Expiration Date: _____

SPOUSE:

Type of ID: _____ ID #: _____ STATE: _____

Issue Date: _____ Expiration Date: _____

I REFUSE to provide my driver license or State ID information _____

Signature

Date