

**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

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ F M

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

BANK NAME: \_\_\_\_\_ CHECKING \_\_\_\_\_ OR SAVINGS \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

HEALTH CARE COVERAGE: Did you have healthcare coverage through the Marketplace in 2019? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, we MUST have a copy of the 1095-A from the insurance provider.**

IRS EIP (Stimulus Payments): Did you receive the **FIRST** round Stimulus Payment from the IRS?  
\_\_\_\_\_ Yes \_\_\_\_\_ Amount Received \_\_\_\_\_ NO

Did you receive the **SECOND** round Stimulus Payment from the IRS?  
\_\_\_\_\_ Yes \_\_\_\_\_ Amount Received \_\_\_\_\_ NO

DRIVER LICENSE INFORMATON: We are required to request driver license or state issued ID information as 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: \_\_\_\_\_