Boyle & Henderson, P.C. Client Data Sheet

Albia: 641-932-7567 Oskaloosa 641-673-4571 Ottumwa: 641-682-2640

TAXPAYER Name			Date of Birth (if new client)			Social Security #(if new client)				
SPOUSE Name			Date of Birth (if new client)			Social Security #(if new client)				
Address			City							
						State Zip Code			<u>de</u>	
County			School District			Phone Number				
<u>Email</u>										
If you moved from one state to another in 2022, please provide date of move: Marital Status as of 12/31/2022: Single Married Separated (>6 months of 2022) Widower Filing HOH Claimed as a dependent on another return Were there any changes to your family/household for 2022 (marriage, divorce, new dependent, death, etc.)? If yes, please provide details such as date of death, etc.										
DEPENDENTS:										
Name Social Security		Social Security #		Date of Months Li		ved Relationsh		nip In College? If		
				<u>Birth</u>	in Home and M		and M or F	yes, 1098-T included?		
Do any of the children have a disability? Yes No Is it anticipated that a different taxpayer will seek to claim a child listed above as a dependent for tax year 2022? Yes Which dependent No Please provide your banking information for direct deposit of refund:										
Bank Name	Routing Number		A	Account Number				Checking		Savings