

APPOINTMENT?

Preparer _____

Date/Time _____

Boyle & Henderson, PC
Client Data Sheet

For Office Use Only:

New Client _____

Last TR enclosed _____

Last TR provided previously _____

| | | |
|----------------------|--------------------------------------|---|
| <u>TAXPAYER Name</u> | <u>Date of Birth (if new client)</u> | <u>Social Security #(if new client)</u> |
|----------------------|--------------------------------------|---|

| | | |
|--------------------|--------------------------------------|---|
| <u>SPOUSE Name</u> | <u>Date of Birth (if new client)</u> | <u>Social Security #(if new client)</u> |
| <u>Address</u> | <u>City</u> | <u>State</u> <u>Zip Code</u> |
| <u>County</u> | <u>School District</u> | <u>Phone Number</u> |
| <u>Email</u> | | |

If you moved from one state to another in 2023, please provide date of move: _____

Marital Status as of 12/31/2023:

Single Married Separated (>6 months of 2023) HOH Claimed as a dependent on another return

Were there any changes to your family/household for 2023 (marriage, divorce, new dependent, death, etc.)? If yes, please provide details such as date of death, etc.

DEPENDENTS:

| <u>Name</u> | <u>Social Security #</u> | <u>Date of Birth</u> | <u>Months Lived in Home</u> | <u>Relationship and M or F</u> | <u>In College? If yes, 1098-T included?</u> |
|-------------|--------------------------|----------------------|-----------------------------|--------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

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 _____

Account Number _____ Checking _____ OR Savings _____