



**2019 Client Data Sheet/Fax Cover Sheet**  
**Fax 1-800-511-9893**

How would you like to receive your tax return when completed? (Circle one) **E-Mail, Mail, Pick Up**

Taxpayer Name:		Social Sec. #:		
Date of Birth:	E-Mail Address:			
Spouses Name:	Date of Birth:	Social Sec. #:		
Address:	City:	State:		Zip Code:
Phone Numbers/Home:	Cell (T):			Cell (S):

Prefer to be contacted for questions or results by: **Phone / Text / Email** (Circle One)

Dependent Name	Date of Birth	Social Security #	Relationship

Taxpayer's Driver's License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Spouse's Driver's License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you move/change address in 2019? ( Y / N ) What date did you move/change? \_\_\_\_\_

Did you pay any estimated taxes? ( Y / N ) How much? Federal: \_\_\_\_\_ State: \_\_\_\_\_ City/SD : \_\_\_\_\_

Do you have a Health Savings Account (HSA)? ( Y / N ) Please provide 1099SA Form.

Did you or your dependents go to college? ( Y / N ) Please provide 1098T and any 1099Q forms.

Do you have Child/Daycare expenses? ( Y / N ) Total paid? \_\_\_\_\_ Provide statement with Name, ID, Etc.

Do you have self-employment/business income or rental property? ( Y / N )

Are you interested in a Direct Deposit of your refund? ( Y / N ) Checking or Savings (Circle One)

Bank \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Credit card information to charge your tax preparation fee once return is complete:

CC #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Other Comments: \_\_\_\_\_

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**8240 Beckett Park Drive, Ste B**  
**West Chester, Ohio 45069**  
**(513) 373-9900**

**10920 Loveland Madeira Road Ste 2A**  
**Loveland, Ohio 45140**  
**(513) 683-9252**

**1948 E. Whipp Road, Ste B**  
**Kettering, Ohio 45440**  
**(937) 433-1040**