

TAXPAYER INFORMATION

TAX YEAR \_\_\_\_\_

|               |       |
|---------------|-------|
| TAXPAYER NAME | _____ |
| SS#           | _____ |
| DATE OF BIRTH | _____ |
| ADDRESS       | _____ |
|               | _____ |
| OCCUPATION    | _____ |
| PHONE         | _____ |
|               | _____ |
| EMAIL         | _____ |

|               |       |
|---------------|-------|
| SPOUSE NAME   | _____ |
| SS#           | _____ |
| DATE OF BIRTH | _____ |
| OCCUPATION    | _____ |
| PHONE         | _____ |
|               | _____ |
| EMAIL         | _____ |

|                           |       |
|---------------------------|-------|
| DEPENDENT NAME            | _____ |
| DEPENDENT SS#             | _____ |
| DEPENDENT DATE OF BIRTH   | _____ |
| LIVED WITH YOU ALL YEAR ? | _____ |
| DEPENDENT RELATIONSHIP    | _____ |

|                           |       |
|---------------------------|-------|
| DEPENDENT NAME            | _____ |
| DEPENDENT SS#             | _____ |
| DEPENDENT DATE OF BIRTH   | _____ |
| LIVED WITH YOU ALL YEAR ? | _____ |
| DEPENDENT RELATIONSHIP    | _____ |

|                           |       |
|---------------------------|-------|
| DEPENDENT NAME            | _____ |
| DEPENDENT SS#             | _____ |
| DEPENDENT DATE OF BIRTH   | _____ |
| LIVED WITH YOU ALL YEAR ? | _____ |
| DEPENDENT RELATIONSHIP    | _____ |

|                           |       |
|---------------------------|-------|
| DEPENDENT NAME            | _____ |
| DEPENDENT SS#             | _____ |
| DEPENDENT DATE OF BIRTH   | _____ |
| LIVED WITH YOU ALL YEAR ? | _____ |
| DEPENDENT RELATIONSHIP    | _____ |

**NEW CLIENTS:**

- PLEASE PROVIDE A COPY OF THE LAST TAX RETURN COMPLETED (PRIOR YEAR).
- PLEASE PROVIDE A COPY OF DRIVER'S LICENSE FOR TAXPAYER AND SPOUSE.
- PLEASE PROVIDE A COPY OF SOCIAL SECURITY CARD FOR DEPENDENTS.

**ALL CLIENTS:**

**PLEASE PROVIDE A COPY OF DRIVER'S LICENSE IF IT IS UPDATED SINCE LAST YEAR.**

- |  |     |    |
|--|-----|----|
| WERE YOU, SPOUSE AND DEPENDENTS AZ RESIDENTS ALL YEAR?               | YES | NO |
| DID YOU AND YOUR SPOUSE LIVE TOGETHER ALL YEAR?                      | YES | NO |
| WERE YOU, SPOUSE OR DEPENDENTS STUDENTS IN FIRST 4 YEARS OF COLLEGE? | YES | NO |
| WOULD YOU LIKE A DIGITAL COPY OF YOUR TAX RETURN?                    | YES | NO |

|  |     |    |
|--|-----|----|
| AT ANY TIME DID YOU RECEIVE, SELL, SEND OR EXCHANGE OR ACQUIRE A FINANCIAL INTEREST IN VIRTUAL CURRENCY? | YES | NO |
| TAXPAYER OR SPOUSE INITIALS  |     |    |

|   |     |    |
|---|-----|----|
| AT ANY TIME DID YOU HAVE ANY INTEREST OR AUTHORITY OVER A FOREIGN ACCOUNT OR FOREIGN TRUST? | YES | NO |
| TAXPAYER OR SPOUSE INITIALS   |     |    |

Lisa Hill Tax Accounting

DO YOU WANT A DIRECT DEPOSIT OF YOUR REFUND?

YES

NO

IF YOU OWE, DO YOU WANT IT DIRECTLY TAKEN FROM YOUR ACCOUNT (DIRECT DEBIT) ?

YES

NO

BANK NAME

ROUTING #

ACCOUNT #

Checking/Savings

TAXPAYER OR SPOUSE SIGNATURE

DATE

HOW DID YOU HEAR ABOUT US?