## Lisa Hill Tax Accounting

TAXPAYER INFORMATION			TAX YEAR				
TAXPAYER NAME			SPOUSE NAME				
SS#			SS#				
DATE OF BIRTH			DATE OF BIRTH				
ADDRESS			OCCUPATION				
			PHONE				
OCCUPATION							
PHONE			EMAIL				
EMAIL							
DEPENDENT NAME			DEPENDENT NAME				
DEPENDENT SS#			DEPENDENT SS#				
DEPENDENT DATE OF BIRTH			DEPENDENT DATE OF BIRTH				
LIVED WITH YOU ALL YEAR ?			LIVED WITH YOU ALL YEAR ?				
DEPENDENT RELATIONSHIP			DEPENDENT RELATIONSHIP				
DEPENDENT NAME			DEPENDENT NAME				
DEPENDENT SS#	-		DEPENDENT SS#				
DEPENDENT DATE OF BIRTH			DEPENDENT DATE OF BIRTH				
LIVED WITH YOU ALL YEAR ?			LIVED WITH YOU ALL YEAR ?				
DEPENDENT RELATIONSHIP			DEPENDENT RELATIONSHIP				
MARITAL STATUS:	SINGLE	DIVORCED	MARRIED	WIDOWED			

#### **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	

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AT ANY TIME DID YOU RI A FINANCIAL INTEREST IN	YES	NO			
		TAXPAYER OR SPOUSE INITIALS			
AT ANY TIME DID YOU HA FOREIGN ACCOUNT OR F	AVE ANY INTEREST OR AUTHORIT OREIGN TRUST?	Y OVER A	YES	NO	
		TAXPAYER OR SPOUSE INITIALS			
	DEPOSIT OF YOUR REFUND?  ANT IT DIRECTLY TAKEN FROM YO	OUR ACCOUNT (DIRECT DEBIT) ?	<b>)</b>	YES YES	NO NO
BANK NAME	ROUTING #	ACCOUNT #		Checking/Savings	
TAXPAYER OR SPOUSE SI	GNATURE		DATE		
HOW DID YOU HEAR ABO	OUT US?				