

WEST & COMPANY CPA NEW CLIENT PROFILE

Tax Year: _____

Today's Date: _____

Legal Name: _____

SSN: _____

DOB: _____

Occupation: _____

Best Phone: _____ - _____ - _____

Email: _____

Spouse: _____

SSN: _____

DOB: _____

Occupation: _____

Best Phone: _____ - _____ - _____

Email: _____

Current Address: _____

1 . Who are you claiming as dependents on this tax return?

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

2 . Did you change your marital status last year?

YES NO

3 . Did you move to a New Address last year?

YES NO

If yes, Date of Address Change: _____

4 . Did you buy or sell any property last year?

YES NO

5 . Did you have a Health Savings Account last year?

YES NO

If yes, please provide Form 1099-SA (Distributions) and Form 5498-SA (Contributions)

6 . Did you contribute or withdraw from a 529 Plan last year? A 529 plan is a tax-advantaged savings plan designed to encourage saving for future education costs.

YES NO If yes, please provide Form 1099-Q.

7 . Did you have Marketplace (GOV / Pennie) health insurance during last year?

YES NO If yes, you **must** provide Form 1095-A.

8 . Did you make any estimated tax payments to the IRS or the State?

YES NO

If so, please attach a list of these payments providing the amounts paid and the date you paid.

9 . If you are entitled to a refund, select one of the following:

Direct Deposit (Fastest)

Check (Takes longer!)

Apply to Tax Year

Bank Name: _____

Routing Number: _____

Account Number: _____