



1404 S Concho
 Coleman TX 76834
 (325) 625-2721
 smrosecpa.com

RETURNING CLIENTS:

Yes No Did you have any changes to your personal information? (Address, phone number, dependents, marital status, etc?)

If yes, please note changes on back.

Yes No If you receive a refund, would you like it direct deposited into a bank account?

If yes, please note routing #, account #, and account type here:

Routing #

Account #

CHECKING

SAVINGS

Yes No Did you receive any correspondence from the IRS or other taxing authority?

If yes, please provide us with a copy.

Yes No Did anyone in your household have health insurance coverage through the Affordable Care Act Marketplace?

If yes, please make sure you have Form 1095-A Health Insurance Marketplace Statement.

Yes No Did you have cash charitable contributions?

If yes, please note total amount here:

Yes No At any time during the year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

If yes, please discuss with your tax preparer.

TAXPAYER SIGNATURE		DATE	
PHONE #		EMAIL ADDRESS	



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CLIENT INFORMATION

NAME		CURRENT ADDRESS	
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			
HOME PHONE		FAX	
CELL PHONE		EMAIL	
ALT. PHONE		OCCUPATION	
FILING STATUS	SINGLE ___ MARRIED, JOINTLY ___ MARRIED, SEPARATELY ___ HEAD OF HOUSEHOLD ___ QUALIFYING WIDOWER ___		
REFUND TYPE	CHECK ___ DEBIT CARD ___ DIRECT DEPOSIT ___	BANK NAME, ROUTING # BANK ACCOUNT #	
PREFERRED CONTACT	EMAIL ___ PHONE ___ MAIL ___		
			CHECKING ___ SAVINGS ___ OTHER ___

SPOUSE INFORMATION

NAME		CURRENT ADDRESS	
DATE OF BIRTH			
SOCIAL SECURITY NUMBER			
HOME PHONE		FAX	
CELL PHONE		EMAIL	
ALT. PHONE		OCCUPATION	

DEPENDENTS

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

BUSINESS INFORMATION

BUSINESS NAME		CURRENT ADDRESS	<input type="checkbox"/> SAME AS ABOVE
EIN			
CONTACT NAME			
PHONE		FAX	
ALT. PHONE		EMAIL	
WEBSITE			
TYPE OF ENTITY	SOLE PROPRIETOR ___ LLC ___ S CORP ___ PARTNERSHIP ___ CORP ___ OTHER ___		
TAXPAYER SIGNATURE		DATE	
SPOUSE'S SIGNATURE		DATE	

OFFICE USE:			
Received By		Date	
Client Number		Notes	
Eng Letter	Y / N		