

**Required Form****Community Tax and Financial - 2023 Client Data Form**

Taxpayer First Name	Last Name	Date of Birth	SSN	
Spouse First Name	Last Name	Date of Birth	SSN	
Mailing Address		City	State	ZIP Code
County of residence on 1/1/23 _____		School District? _____	Live with spouse in last 6 months of the year? <b>Yes No</b>	
On 12/31/23 were you? _____ <b>Single</b> _____ <b>Married</b> _____ <b>Married but wish to file Separately</b>				

**Household Information**

Did you pay Property Taxes for your home in 2023?	Total Paid	\$ _____
Did you pay Rent in 2023?	Monthly Rent	Number of Months Rented
Did you receive <b>Unemployment Income</b> in 2023?	Yes No	If yes, please print a 1099-G from your account.
Did you receive health insurance through the <b>Marketplace (Obamacare)</b> ?	Yes No	If yes, you <b>MUST</b> provide Form 1095-A
Do you have any: Foreign Bank Accounts?	Yes No	Virtual Currency (for example, Bitcoin)? Yes No

**Dependents**

For new Dependents and Clients we'll also need Dates of Birth and copies of Social Security Cards & Birth Certificates.			
Name	Date of Birth	Relationship	Total Months Lived in Your Home in 2023
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
Amount paid for Childcare? \$ _____ Provider's Name, Tax ID or SS#, & Address is required.			

**Education Credit & Deduction Info**

Were any dependents in Private K-12 or Homeschool?	Yes No	If yes, how many? _____
Were you or a dependent enrolled in college in 2023?	Yes No	(If yes, form <b>1098-T</b> from the college is required)
Any Student Loan Interest paid in 2023?	\$ _____	
Did you contribute to a 529 College Savings Plan?	Yes No	If yes, provide 12/31/23 year end statements.

**How Would You Like to Receive any Refunds?**

_____ <b>CHECK</b>	_____ <b>DEPOSIT to Bank Account on FILE</b>	_____ <b>DEPOSIT to New Bank Account BELOW</b>
Bank Name	Routing Number	Account Number (Checking) (or) (Savings)

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Taxpayer Phone Number \_\_\_\_\_

Spouse Phone Number \_\_\_\_\_

Taxpayer or Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_