

New Clients

<input type="checkbox"/> Taxpayer (check if Primary Contact) Name on Social Security card _____ Occupation _____ Date of birth _____ Best Phone# _____ Alternate Phone # _____ E-mail _____ Driver License # _____ State _____ Issue Date _____ Expiration Date _____	<input type="checkbox"/> Spouse (check if Primary Contact) Name on Social Security card _____ Occupation _____ Date of birth _____ Best Phone# _____ Alternate Phone # _____ E-mail _____ Driver License # _____ State _____ Issue Date _____ Expiration Date _____
---	---

Current Address _____ City, State, Zip _____

Marital Status: As of Dec. 31, 2020, were you (**Choose one**):

Single Married Widowed Divorced Legally Separated Living apart from spouse

Date of marriage: _____

Date of divorce or legal separation: _____

Dependents:

Name _____

Date of birth _____

Name _____

Date of birth _____

Name _____

Date of birth _____

Name _____

Date of birth _____

During 2020, did you:

- Have a new baby, a child that left home, or other changes in your dependents? Y N
- Live with each of your dependents all year (except for time away at college)? Y N NA
- Buy or sell any real estate? Y N
- Refinance a mortgage? Y N
- Have any health insurance from healthcare.gov ObamaCare? Y N
- Receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? Y N
- Have a foreign bank account (or signature power on a foreign account)? Y N
- Are you or your spouse legally blind? Y N
- Were you a resident of Alabama for all of 2020? Y N
 - If no, what other state did you live in? _____
 - What dates did you live in that other state? _____
- Are you sure we have a document for every type of income you had this year? Y N
- Are there any new sources of income (investments, Social Security, unemployment, etc.)? _____
- Can you think of anything else that might affect your 2020 taxes? _____
- Were you affected by Covid Financially? Y N

Major changes expected in your 2021 tax situation (if any): _____

Notes _____

Refund (check one):

Mail me a **paper check**

Direct deposit to **same account as last year's refund**

Direct deposit to this bank account:

Bank name _____

Account number _____

If there is a Balance Due (check one):

I will mail in a **paper check**

Please contact me about electronic payment options

Choose one: Checking Saving

Routing number (9 digits) _____

How did you find out about Bearden, Stroup & Associates, CPAs?

Referred by _____

Meeting someone who works here _____

Internet/website

Other _____

We will need a copy of your 2019 return.