

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 _____
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Current Address _____ City, State, Zip _____

Marital Status: As of Dec. 31, 2019, were you (**Circle one**):

Single Married Widowed Divorced Legally separated Living apart from spouse

If divorced or legally separated: 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 2019, did you:

1. Have a new baby, a child that left home, or other changes in your dependents? Y N
2. Live with each of your dependents all year (except for time away at college)? Y N NA
3. Buy or sell any real estate? Y N
4. Refinance a mortgage? Y N
5. Have any health insurance from healthcare.gov ObamaCare? Y N
6. Receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? Y N
7. Have a foreign bank account (or signature power on a foreign account)? Y N
8. Are you or your spouse legally blind? Y N
9. Were you a resident of Alabama for all of 2019? Y N
 - o If no, what other state did you live in? _____
 - o What dates did you live in that other state? _____
10. Are you sure we have a document for every type of income you had this year? Y N
11. Are there any new sources of income (investments, Social Security, unemployment, etc.)? _____

12. Can you think of anything else that might affect your 2019 taxes? _____

Major changes expected in your 2020 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

Circle 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 2018 return.