

Michael R. Green & Associates
New Client Information Sheet

General Information

Taxpayer: Last Name _____ First Name _____ MI _____ SS# _____ Occupation _____ Date of Birth _____ Preferred Phone _____ E-mail Address _____	Spouse: Last Name _____ First Name _____ MI _____ SS# _____ Occupation _____ Date of Birth _____ Preferred Phone _____ E-mail Address _____
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Address _____ Apt # _____
City _____ State _____ Zip Code _____
School District _____ Township/Municipality _____

Did you move during the previous calendar year? _____
If yes, please list your prior address with School District, Municipality, and moving date/month _____

Filing Status:

Single _____ Married Filing Jointly _____ Married Filing Separately _____ Head of Household _____ Widow _____

Was anyone claimed on the return enrolled in Health Insurance through the Marketplace/Exchange? _____
If yes, did you receive a 1095-A from the Marketplace? _____

Did you receive the full March 2021 (1,400/ea) EIP/Stimulus Payment? _____
If not, how much did you receive? _____
Did you make any charitable contributions in 2021? _____
If so, how much? _____

What is your preferred way to be reached if we have any questions? _____

Can you provide copies of your 2019 and 2020 Income Tax Returns? _____

Dependent Information

Please provide copies of Birth Certificates and Social Security Cards

If unavailable, please call our office regarding substitute documentation

First Name	MI	Last Name	SS#	Relationship	Date of Birth	Mos in Home
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Child Care Expenses Y or N _____ College/Tuition Expenses Y or N _____

Did you receive any monthly Child Tax Credit payments? _____
If so, did you receive a Letter 6419 from the IRS? _____
Did the amounts on the letter match what you received? _____

Direct Deposit

I would like to have my refund check mailed to my address above.

I would like to have my refund direct deposited into my bank account.

Bank Name

Routing #

Account #

Checking
Savings