

Elite Tax & Financial Services, LLC

1241 S. Main St. Suite 17
Wake Forest, NC 27587
919-554-9400

Tax year _____ CLIENT INFORMATION FORM

Personal Contact Information

Taxpayer's Name: _____ Spouse: _____
Your Occupation: _____ Spouse Occupation: _____
Your SS# _____ - _____ - _____ Spouse SS# _____ - _____ - _____
Your Date of Birth: ____/____/____ Spouse Date of Birth: ____/____/____
Date of Death ____/____/____ Date of Death ____/____/____

When E-filing you need a 5 digit pin, we can use the last 5 of your social security number or you pick your own 5 digit pin: Taxpayer's 5 digit pin _____ Spouse's 5 digit pin _____

If you have had Identity Issues and was issued a IP PIN please list here Taxpayer _____ Spouse _____

Address Information (Existing Clients - only if changed)

Address: Street: _____
City: _____ State: _____ Zip: _____ County _____
Cell Phone: (____) _____ Spouse Cell Phone: (____) _____
Home phone (if applicable) _____
Your E-mail: _____ Spouse E-mail: _____

Primary contact person for tax-related matters? _____

Filing Status: Single____ Head of Household____ Married/Joint____ Married/Separate____

Dependent Information (Existing Clients - only if changed)

1. Full Name: _____ **3.** Full Name: _____
Date of Birth: ____/____/____ Date of Birth: ____/____/____
SS#: _____ - _____ - _____ SS#: _____ - _____ - _____
2. Full Name: _____ **4.** Full Name: _____
Date of Birth: ____/____/____ Date of Birth: ____/____/____
SS#: _____ - _____ - _____ SS#: _____ - _____ - _____

How did you hear about us? _____

Referred by: _____

If you would like direct deposit, please list the Name of Bank _____

Routing # _____ Account # _____

Did you or your spouse last year:

Live in any other states? Yes ___ No ___ If yes, what states and the date you lived and worked there: _____

Receive Any: (Check all that apply)

Wages, salaries, or any other employer compensation? Yes ___ No ___	Interest or dividends? Yes ___ No ___
Unemployment compensation? Yes ___ No ___	Any miscellaneous income? Yes ___ No ___
Social Security Income? Yes ___ No ___	Alimony? Yes ___ No ___
Winnings from gambling? Yes ___ No ___	Foreign Earned/Investment Income? Yes ___ No ___
Pension, annuity, Roth, IRA or retirement income? Yes ___ No ___	Jury Duty Pay? Yes ___ No ___
Have any income as a minister? Yes ___ No ___	If yes, did you receive housing allowance Yes ___ No ___
State Refund? Yes ___ No ___	Scholarships or Grant for School? Yes ___ No ___
Rental Income? Yes ___ No ___	Farm Income? Yes ___ No ___
Receive 1099 Misc? Yes ___ No ___	

Pay Any: (Check all that apply)

Alimony? Yes ___ No ___	Student loan interest? Yes ___ No ___
Daycare? Yes ___ No ___	Real Estate Taxes? Yes ___ No ___
Mortgage Interest? Yes ___ No ___	Mortgage Insurance Premiums? Yes ___ No ___
Medical Out of Pocket? Yes ___ No ___	Health Insurance Out of Pocket? Yes ___ No ___
Contributions to charity, church, Etc? Yes ___ No ___	Out of Pocket Expenses for Job? Yes ___ No ___

Did you:

Own your own business or were self-employed? Yes ___ No ___	Sell any stock, mutual fund or other securities? Yes ___ No ___
Use portion of your home exclusively for business? Yes ___ No ___	Sell your home? Yes ___ No ___
Sell any other property? Yes ___ No ___	Receive installment pmts on property sold? Yes ___ No ___
Own any rental property? Yes ___ No ___	Receive any royalties? Yes ___ No ___
Have interest in a partnership, S-Corp, estate or trust? Yes ___ No ___	Operate a farm? Yes ___ No ___

Did you make any:

Estimated payments to IRS? Yes ___ No ___ To the State? Yes ___ No ___

Did you have any of the following:

Loss from casualty? Yes ___ No ___	Foreign Bank Accounts? Yes ___ No ___	Have a job related move? Yes ___ No ___
Contribute to a: Roth IRA? Yes ___ No ___		Simple Retirement Plan? Yes ___ No ___
Contribute to a: Traditional IRA? Yes ___ No ___	SEP? Yes ___ No ___	Keogh? Yes ___ No ___
College Expenses last year? Yes ___ No ___	Healthcare Marketplace Yes ___ No ___	Do you have an HSA? Yes ___ No ___

All information I have given is true and correct to the best of my knowledge.

_____ Date: _____

Client's Signature

Spouse's Signature