

## 2020 TAX YEAR CLIENT UPDATE

PLEASE COMPLETE FORM AND RETURN IT WITH YOUR TAX DOCUMENTS. THANK YOU.

**Your name:** \_\_\_\_\_ **Spouse's name:** \_\_\_\_\_

Drivers Lic # \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

Spouse's Lic # \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_ Same as tax year 2019

\_\_\_\_\_ New Address: \_\_\_\_\_

**Please circle the way you would prefer us to contact you with questions and information.**

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

TEXT #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DEPENDENTS:** \_\_\_\_\_ Same as tax year 2019 \_\_\_\_\_ Changes noted below:

Add / Delete Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Add / Delete Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

**ECONOMIC IMPACT PAYMENTS/STIMULUS CHECKS:** Amounts: \$ \_\_\_\_\_

### **REFUND DIRECT DEPOSIT INFORMATION**

If you receive a refund, would you like it to be directly deposited into your bank account?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If you owe tax, would you like this tax directly debited from your bank account?

\_\_\_\_\_ No \_\_\_\_\_ Yes

Name of Bank: \_\_\_\_\_

\_\_\_\_\_ Checking or \_\_\_\_\_ Savings

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

### **Here is a short list of things you need to mail or bring in IF you have received them:**

- W-2s from employers
- 1099s for interest, dividends, sales of stock, unemployment, state tax refunds, miscellaneous income or cancellation of debt
- **Important:** Form 1095-A for those who have health insurance through Healthcare.gov
- 1098 for mortgage interest or 1098-T tuition statement
- K-1s from Partnerships, S-Corporations, Estates or Trusts
- Property tax statements
- Closing documents from any real estate transactions
- Brokerage statements
- Any correspondence received from the IRS or from state taxing agencies.

**Please note:** If you intend to claim mileage deductions for business, medical or charitable expense **please use the form on the reverse side of this page.**