

## Newton Financial Services LLC Client Information Sheet

<b>***Incomplete Information May Delay your refund***</b>	
Primary Name _____ SSN _____ Birthdate _____ Occupation _____ Driver's License Number _____ Issue Date __/__/____ Expiration Date __/__/____ Phone Number _____ Email Address _____ ( ) YES ( ) NO Can you be claimed as a dependent?	Spouse _____ or Contact person _____ Name _____ Spouse only SSN _____ Birthdate _____ Occupation _____ Driver's License Number _____ Issue Date __/__/____ Expiration Date __/__/____ Phone Number _____ Email Address _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Last Year's Address _____            City, State, Zip Code _____            New Address _____            Township _____ School District _____ Date Moved __/__/____         </div> <div style="width: 35%; text-align: center;"> <b><u>Extra Services</u></b>             Property Tax Rebate __ ( Include tax receipts)             Rent Rebate __ (Include Monthly Rent Fee)         </div> </div>	

( ) YES ( ) NO Any Life Changes?

Date of Death \_\_/\_\_/\_\_\_\_ Date of Divorce \_\_/\_\_/\_\_\_\_ Date of Separation \_\_/\_\_/\_\_\_\_

( ) YES ( ) NO ( ) Not Sure Do you have any foreign accounts or trusts?

( ) YES ( ) NO Did you purchase health care coverage through the Market Place? Must have form 1095 A

( ) YES ( ) NO Did you acquire, buy, receive, sell, or exchange any virtual currency?

( ) YES ( ) NO Have you made any taxable purchases on any item(s) but did not pay PA Sales tax?

How much did it cost? \_\_\_\_\_

<b>***Incomplete Information May Delay your refund***</b>	
( ) Yes ( ) No If you receive a refund, would you like it deposited into your bank account?	
Bank Name _____	Account Type _____
Routing # _____	Account # _____

**I certify that I would like my taxes prepared according to the information I supplied.**

Signed \_\_\_\_\_ Date \_\_\_\_\_