

Newton Financial Services LLC Client Information Sheet

<p>***Incomplete Information May Delay Your Refund***</p> <p><input type="checkbox"/> Primary Name _____</p> <p><input type="checkbox"/> SSN _____ Birthdate _____</p> <p><input type="checkbox"/> Occupation _____</p> <p><input type="checkbox"/> Copy of Driver's License</p> <p>() YES () NO Can you be claimed as a dependent?</p> <p><input type="checkbox"/> Phone Number _____</p> <p><input type="checkbox"/> Email Address _____</p>	<p>() Spouse or () Contact person</p> <p><input type="checkbox"/> Name _____</p> <p><input type="checkbox"/> SSN _____ Birthdate _____ <small>(Spouse Only)</small></p> <p><input type="checkbox"/> Occupation _____</p> <p><input type="checkbox"/> Copy of Driver's License</p> <p><input type="checkbox"/> Phone Number _____</p> <p><input type="checkbox"/> Email Address _____</p>
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<p><input type="checkbox"/> Last Year's Address _____</p> <p><input type="checkbox"/> City, State, Zip Code _____</p> <p><input type="checkbox"/> Date Moved ___/___/___</p> <p><input type="checkbox"/> New Address _____</p> <p><input type="checkbox"/> City, State, Zip Code _____</p>	<p><u>Local Taxes</u></p> <p><input type="checkbox"/> Current Township _____</p> <p><input type="checkbox"/> Current School District _____</p>
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() YES () NO Any Life Changes? () Death () Divorce () Separation Date ___/___/___

() 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 1095A

() 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? _____

<p>***Incomplete Information May Delay Your Refund***</p> <p>() Yes () No If you receive a refund, would you like it deposited into your bank account?</p> <p>() Voided Check Attached () Same as Last Year's Bank _____</p>

<p><input type="checkbox"/> If you owe money, do you want estimates printed out? () Yes () No</p> <p><input type="checkbox"/> How do you want a copy of your return? () Paper Copy () PDF, Emailed to: _____</p>
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I certify that I would like my taxes prepared according to the information I supplied.

Signed _____

Date _____