

**Newton Financial Services LLC
Client Information Sheet**

<p>***Incomplete Information May Delay your refund***</p> <p>Primary Name _____</p> <p>SSN _____ Birthdate _____</p> <p>Occupation _____</p> <p>Driver's License Number _____</p> <p style="padding-left: 40px;">Issue Date __/__/__</p> <p style="padding-left: 40px;">Expiration Date __/__/__</p> <p>Phone Number _____</p> <p>Email Address _____</p> <p>() YES () NO Can you be claimed as a dependent?</p>	<p>Spouse _____ or Contact person _____</p> <p>Name _____</p> <p>Spouse only SSN _____ Birthdate _____</p> <p>Occupation _____</p> <p>Driver's License Number _____</p> <p style="padding-left: 40px;">Issue Date __/__/__</p> <p style="padding-left: 40px;">Expiration Date __/__/__</p> <p>Phone Number _____</p> <p>Email Address _____</p>
<p>Last Year's Address _____</p> <p>City, State, Zip Code _____</p> <p>Property Tax Rebate _____ Please include tax receipts</p> <p>Rent Rebate _____ Please include Monthly Rent fee</p>	<p>New Address _____</p> <p>City, State Zip Code _____</p> <p>Township _____</p> <p>School District _____</p> <p>Date Moved __/__/__</p>

() 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? _____

<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>	
Bank Name _____	Checking _____ or Savings _____
Routing # _____	Account # _____

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

Signed _____ Date _____