

DATE: _____

ARE YOU A U.S. CITIZEN? YES NO

ARE YOU A NEW CLIENT? YES NO IF YES REFERRED BY: _____

TAXPAYER

SPOUSE

NAME: _____

NAME: _____ MAIDEN: _____

SSN: _____

SSN: _____

DOB: _____

DOB: _____

OCCUPATION: _____

OCCUPATION: _____

HOME #: _____ WORK #: _____ CELL #: _____

➤ ***A DRIVER'S LICENSE OR STATE ISSUED ID MAY BE REQUIRED TO FILE CERTAIN RETURNS***

Taxpayer Information:

Spouse Information:

Issuing State of License: _____

Issuing State of License: _____

ID Number: _____

ID Number: _____

Issuing Date: _____

Issuing Date: _____

Expiration Date: _____

Expiration Date: _____

PERSONAL E-MAIL: _____

SECONDARY E-MAIL: _____

➤ ***PAYMENT IS DUE UPON SERVICES BEING RENDERED***

➤ ***IN ORDER TO HAVE YOUR REFUND DIRECT DEPOSITED PLEASE REMEMBER TO GIVE YOUR TAX PREPARER THE BANK'S NAME, TYPE OF ACCOUNT (SAVINGS/CHECKING), RTG, & ACCT#***

CURRENT ADDRESS:

House #	Street Name	City	State	Zip Code
_____	_____	_____	_____	_____

STATUS:

MARRIED SINGLE DIVORCED/SEPARATED WIDOWED HEAD OF HOUSEHOLD

DEPENDENTS: YOU MUST PROVIDE US WITH A COPY OF EACH DEPENDENT'S BIRTH CERTIFICATE

NAME	DATE OF BIRTH	SS NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INITIAL: _____

We are open all year long and we offer additional services, if interested please check any of the following:

REAL ESTATE

INSURANCE

LEGAL SERVICES

2016 Updates:

PLEASE INITIAL

A) Did you take advantage of the First-Time Homebuyer or Repeat Homebuyer Credit during Tax Years 2008-2010? _____ YES _____ NO

B) Do you maintain or own any property within New York City? _____ YES _____ NO

C) Do you have any foreign accounts? _____ YES _____ NO
If Yes, please be prepared to give your Tax Preparer the Bank Name & Address, Account number, and Value of Account

D) Affordable Care Act (Health Insurance Coverage): (Be prepared to provide your Form 1095)
i) Did you/your entire household have Health Insurance Coverage for the Entire 2016 Tax Year? _____ YES _____ NO

If NO, explain: _____

ii) Where did you obtain your insurance from: _____ Employer _____ Marketplace

E) Did you, your spouse, or dependent attend a College or University during 2016: _____ YES _____ NO
If YES, you must supply us with Form 1098-T, along with a Bursar Receipt indicating amounts paid during 2016.

F) If during 2016, you received Unemployment Compensation you must provide us with Form 1099-G (NYS no longer mails this form. You must obtain this form online before you sit for your appointment.)

***DON'T FORGET TO TAKE A LOOK AT OUR IMPERATO TAX SERVICES WEBSITE:
WWW.IMPERATO.COM***