

**Thoma & Sherman New Client Worksheet**

**Taxpayer:**

**Spouse:**

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Social Security No \_\_\_\_\_

Social Security No \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Driver License #/State: \_\_\_\_\_

Driver License #/State: \_\_\_\_\_

D L Issue Date: \_\_\_\_\_ Expiration Date \_\_\_\_\_

D L Issue Date: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No.: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Filing Status:     Single     MFJ     MFS     HoffH\*     Qual Widow(er)

\* If Head of Household..Child's Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

**Dependant Information:**

First Name	Last Name	MI	D.O.B.	S.S. Number
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Direct Deposit:     Checking Account     Savings Account

Bank Name: \_\_\_\_\_ Rtg. # \_\_\_\_\_ Acct. #: \_\_\_\_\_

If you are a member of a union, please ask for an additional document that **must** be filled out.

Did you have health insurance for the full year?    Y    or    N         Was everyone on the tax return covered?    Y    or    N

Was your insurance through the Marketplace?    Y    or    N         If Yes, did you receive form 1095-A?    Y    or    N

Did you or anyone else on the return receive Unemployment Benefits from any state?    Y    or    N

If Yes, did you receive the 1099-G for unemployment payments you received?    Y    or    N

**Thoma and Sherman Referral Program:** Each referral receives an American Express® \$25.00 Gift Card

Who referred you to us? \_\_\_\_\_