**Lomax Tax & Financial Services**

**Client Information Sheet**

Date\_\_\_\_\_\_\_\_

**Full Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**Spouse**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**:\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **Social Security#\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If filing joint Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Spouse’s Date of Birth:\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ Social Security#\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Spouse Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Dependents:\_\_\_\_\_\_\_\_

**Please circle the type of insurance used in 2020.** PRIVATE: EMPLOYER: MARKETPLACE: MEDICARE: MEDICAID:

**(If Marketplace insurance coverage was used you MUST have form 1095 present)**

***Please list each dependent as well as insurance information. If additional space is needed use the back of this form.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **DOB** | **Social Security #** | **Relationship** | **Months insured 2020 if all 12 check box below** | **If not all circle months Not insured 2020** |
| Taxpayer information | XXXXXX | XXX-XX-XXXX | Self |  | Jan Feb Mar Apr  May Jun Jul Aug  Sep Oct Nov Dec |
| Spouse information | XXXXXX | XXX-XX-XXXX | Spouse |  | Jan Feb Mar Apr  May Jun Jul Aug  Sep Oct Nov Dec |
| Dependent information |  | -\_\_-\_\_\_\_-\_\_\_\_ |  |  | Jan Feb Mar Apr  May Jun Jul Aug  Sep Oct Nov Dec |
| Dependent information |  | \_\_-\_\_\_\_-\_\_\_\_ |  |  | Jan Feb Mar Apr  May Jun Jul Aug  Sep Oct Nov Dec |
| Dependent information |  | \_\_-\_\_\_\_-\_\_\_\_ |  |  | Jan Feb Mar Apr  May Jun Jul Aug  Sep Oct Nov Dec |

If your dependent is not your birth child, please indicate why you are claiming the child instead of the parent. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License#\_\_\_\_\_\_\_\_\_\_State Issued\_\_\_\_\_Issue Date\_\_\_\_\_\_\_\_\_Expiration Date\_\_\_\_\_\_\_\_\_\_ Spouse DL#\_\_\_\_\_\_\_\_\_\_\_\_\_State Issued\_\_\_\_Issue Date\_\_\_\_\_\_\_\_Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_

**Forms:**

W-2’s\_\_\_\_\_\_\_\_\_1095’s\_\_\_\_\_\_\_\_\_1099’s\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job/Occupation: (self)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(spouse)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive the 1st Stimulus check? **YES/NO** If so how much $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Stimulus check? **YES/NO** If so how much $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that the information given above is correct and true.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been audited by the IRS? **YES/NO** If yes explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Do You need Insurance?*** **We now offer** **Whole Life (insurance that pays a benefit on the death of the insured and also accumulates a cash value) and Term Life (insurance that provides coverage at a fixed rate of payments for a limited period of time).**

**Would you like Kenya to contact you about a quote? YES/NO**

**If yes, please indicate your best contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank You for Your patronage!**

**May God continue to Bless & Keep you!**

**See you next year!**

**Kenya Lomax-Sims**

**Owner/CEO- Lomax Tax & Financial Services**