



# Source Accounting Solutions

## New Client Form

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<b>Full Name:</b>	
<b>Home Address:</b>	
<b>Social Security Number:</b>	<b>What is your filing status: (Please circle one)</b> A. Single                      B. Head of Household C. Married Filing Separate    D. Married Filing Joint
<b>Date of Birth (mm/dd/yyyy):</b>	<b>Phone Number:</b> Home: Mobile:
<b>Email Address:</b>	

<b>Spouse Information:</b>	
<b>Full Name:</b>	<b>Date of Birth (mm/dd/yyyy):</b>
<b>Social Security Number:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	

<b>Dependent(s) Information:</b>			
Name (FIRST/LAST)	Date of Birth	Social Security #	Relationship

<b>Additional Information:</b>	
<b>Drivers License ID Number/State:</b>	<b>ID Date Issued:</b> <b>ID Expiration Date:</b>
<b>Spouse Drivers License ID Number/State:</b>	<b>ID Date Issued:</b> <b>ID Expiration Date:</b>
<b>Refund Type: (Please circle one)</b> A. Check from IRS    B. Direct Deposit from IRS	<b>Routing No:</b> <b>Account No:</b> <b>Account Type:</b> A. Checking    B. Savings
<b>Health Care Coverage: (Please circle one)</b>	
A. Received health care coverage through employer for entire year (including COBRA coverage) B. Received health care coverage from the government. (Medicaid, Medicare, Veterans benefits) C. Purchased private health insurance (not through the "Marketplace") for entire year D. Purchased health insurance through the "Marketplace" (Form 1095-A) E. Taxpayer did not have health care coverage at anytime during the year.	