

**Green CPA, PLLC
New Client Info Form**

Personal Information

Taxpayer Name _____ Spouse Name _____

Taxpayer SSN # _____ Spouse SSN # _____

Taxpayer Birthdate _____ Spouse Birthdate _____

Taxpayer Email _____ Spouse Email _____

Blind YES NO YES NO

Claimed as a dependent on another return? YES NO YES NO

Address _____ City _____ State _____ Zip _____

Taxpayer Phone _____ Spouse Phone _____

Dependent Information

Dependents Name (First, Middle, Last)	Relationship	Social Security Number	DOB	Months Lived With You

Health Insurance

Did anyone on your return have health insurance through the Marketplace? YES NO

If YES, please provide your 1095A.

Banking Information

Please provide banking information

Bank _____

Routing Number _____

Account Number _____

Account Type Business Checking Checking Savings

Questions

In 2023 did you receive, sell, send, exchange or otherwise acquire and financial interest in virtual currency? YES NO

Miscellaneous

To avoid penalties, we recommend paying any taxes owed by direct debit. To **OPT OUT** check the box.

We will send your signature documents to you via Encyro. If you wish to **OPT OUT** check the box.

Office Use Only

IAN Personal Business Opt-In Opt-Out If Opt-In, Membership Fee _____

Fee must be paid before or at your appointment time

Agreed Payment Type Cash Check Credit/Debit

Amount _____ Initial _____ Date _____