Ciarlette & Robbins LLP

New Client

Phone: 708-478-3840 www.ciarletteandrobbins.com

	Name	Date of Birth	Social Se	curity #	
Taxpayer					
Spouse					
Dependent					
Dependent					
Dependent					
	Contact Information - Please check	k preferred method of co	ntact		
	Phone Number	Er	mail		
Taxpayer					
Spouse (optional)					
Address					
Addiess	Street	City	State	Zip	
Provide curr	rent bank information. Per IRS, all refund	•	or 2025 Tax Ret	•	
Bank Account					
	Account #		Routing #		
Did you want taxes pa	aid through electronic funds withdra	wal?	Yes	/ No	
Can we use bank info		Yes	/ No		
Amounts o	and date to withdraw will be confirmed pr	rior to processing			
Do vou want a secure	portal set up to electronically send a	and receive documents?	Yes	/ No	
•	cuments required to complete your		Yes	/ No	
Any documents that y	you will be receiving at a later date?	(for example, K-1(s))			
The following are con	nmon items you may have:	Last Tax	Return Filed (required)	
Identity Protection PII	N	Social Sec	Social Security Statement		
1099s (Int, Div, NEC, N	:(s) HSA Cont	HSA Contributions and/or Distribution			
1098s (Mortgage, Loa					
Biz Income/Expenses for Sch C Rental Income & Expenses		enses Charitabl	Charitable Contributions		
Child Care Statements K-12 Education Expenses		=	College Savings Plan Contributions		
1095 A/B/C - for Health Insurance Medical Expenses			Estimated Tax Payment Records		
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What questions do yo	ou have for us, if any?				
How did you hear abo	out us?				

Tax Season Hours Begin February 2nd: M-Th 8:30am - 7:00pm, Fri 8:30am - 4:30pm and Sat 9:00am - 12:00pm

To access your electronic portal and securely send or receive files please follow the link below https://www.clientaxcess.com/#/login