

2017 TAX YEAR

To help us better serve you, please fill out and return to the receptionist. Thank you!

NAME(S) ON TAX RETURN _____

STREET ADDRESS _____

CITY, STATE and ZIP _____

DAYTIME PHONE _____

EVENING PHONE _____

CELL PHONE _____

EMAIL ADDRESS (required for E-Filing) _____

Have you moved in the last year? YES NO

Are there any new dependents? YES NO

Are there any dependents you are no longer claiming? YES NO

Did you have health insurance coverage, for the entire year for yourself, spouse and dependents? YES NO

If not, please indicate months you did not have coverage.

Did you collect NYS unemployment in 2017? YES NO

Have you (or an entity of which you are an owner) been convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (REQUIRED FOR NY IT-201/203-ATT FILERS) YES NO

Would you be interested in being contacted by our Financial Advisor, Ed O'Neill Jr. regarding a post tax-season financial review? YES NO

NEW CLIENTS ONLY:

Date of Birth _____ Spouse's date of birth _____

Occupation _____ Spouse's occupation _____