

Solid Results LLC - Client Information Form

Full Name:			
Date of Birth:			
SSN:			
Address:			
City:			
State:			
ZIP:			
Phone Number:			
Email Address:			

Filing Status (Check One):

<input type="checkbox"/>	Single
<input type="checkbox"/>	Married Filing Jointly
<input type="checkbox"/>	Married Filing Separately
<input type="checkbox"/>	Head of Household
<input type="checkbox"/>	Qualifying Widow(er)

Dependent Information:

Full Name	Date of Birth	SSN	Relationship

Income Information (Check all that apply):

<input type="checkbox"/>	W-2 (Employment Income)
<input type="checkbox"/>	1099-NEC (Self-Employment Income)

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<input type="checkbox"/>	1099-MISC (Other Income)
<input type="checkbox"/>	Social Security Benefits
<input type="checkbox"/>	Rental Income
<input type="checkbox"/>	Investments/Dividends
<input type="checkbox"/>	Other:

Deductions & Credits (Check all that apply):

<input type="checkbox"/>	Childcare Expenses
<input type="checkbox"/>	Education Expenses (1098-T)
<input type="checkbox"/>	Mortgage Interest (1098)
<input type="checkbox"/>	Medical Expenses
<input type="checkbox"/>	Charitable Donations
<input type="checkbox"/>	Retirement Contributions

Banking Information for Direct Deposit (Optional):

Bank Name:	
Routing Number:	
Account Number:	
<input type="checkbox"/>	Checking
<input type="checkbox"/>	Savings

Signature & Authorization:

Client Signature:	Date:
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