

CLIENT UPDATE

Date: _____

Taxpayer Name: _____ Spouse's Name: _____

Address Change? YES NO If yes: _____

Phone Number: _____

Email Address: _____

Marital Status Change? YES NO

If yes: Spouse's Name: _____ SS# ____ - ____ - ____ DOB _____

Did you have Health Insurance for the full year? YES NO

If yes, please circle which health insurance it was: EMPLOYER MEDI-CARE MEDI-CAL VA Covered-CA (Marketplace/Exchange)

If receiving a refund, how would you like your Refund Processed?

Mail Check Direct Deposit

If Direct Deposit: Bank Name: _____ Checking or Savings

Routing Number: _____ Account Number: _____

Taxpayer's Driver's License or ID Number: _____ Issue Date: _____

Expiration Date: _____

Spouse's Driver's License or ID Number: _____ Issue Date: _____

Expiration Date: _____

Did you buy, sell or receive cryptocurrencies? YES NO

Do you hold any foreign bank accounts? YES NO

Any out of state or online purchases that you didn't pay CA Sales Tax on? YES NO

Did you receive Stimulus: 1st \$ _____ 2nd \$ _____

Any other changes or questions not mentioned?
