

# 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 method of health insurance 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

Any other changes or questions not mentioned?

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