

Tax return 2015 Client Information – New Clients

Name _____ DOB _____ SSN _____

Spouse _____ DOB _____ SSN _____

Filing Status (circle): Single Married Divorced in 2014 Dependent of another

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Dependents:

	Name	Date of Birth	SSN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Health Insurance: Please provide copies of form 1095, if you have insurance thru the Exchange (AKA – Obama Care, Affordable Care Act)

Job Status (circle all that apply)

Self-Employed Unemployed Employee Disabled Social Security Disability
Retired Social Security Other _____

Direct Deposit:

Do you want direct deposit? YES NO IF so, please provide voided check

Other info:

Do you have any investment transactions? YES NO
If YES is statement included? YES NO

Do you have childcare expense? YES NO

If YES, do you participate in Dependent Care Reimbursement through work? YES NO

Are you waiting on any information or any information missing? YES NO

IF YES, what? _____

If you have a business: Do you want Meridian to renew your Annual Report? YES NO

Business Name: _____

Signature: _____ Date: _____