



Client Registration

Taxpayer's Information:

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Cell Phone: _____ SSN: ____-____-____

Email: _____ Occupation: _____

Spouse's Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____ Cell Phone: _____ SSN: ____-____-____

Email: _____ Occupation: _____

Current Street Address:

City: _____ State: _____ Zip Code/Postal: _____

Dependents' Claimed on Return Information:

(1) Name: _____ SSN: ____-____-____

Date of Birth: _____ Grade in School: _____

School/Daycare: _____

(2) Name: _____ SSN: ____-____-____

Date of Birth: _____ Grade in School: _____

School/Daycare: _____

(3) Name: _____ SSN: ____-____-____

Date of Birth: _____ Grade in School: _____

School/Daycare: _____

708 Rosa Avenue
Metairie, LA 70005
504-832-1873
Office fax: 504-832-1858
Efax: 866-903-0905
jheathcpa.com

Filing Information

What was your filing status on last year's tax return?

- | | |
|--|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Head of Household |
| <input type="checkbox"/> Married Filing Jointly | Non- Dependent Name & SSN: |
| <input type="checkbox"/> Married Filing Separately | _____ |
| <input type="checkbox"/> Qualifying Widow(er) with Minor Child | _____ - ____ - ____ |
| Year Spouse Died: _____ | |

Will that change for this year's tax return? If yes, please state the new status: _____

Did you make any quarterly estimated tax payments to the IRS towards this year's taxes? If so, explain.

If you are due a refund, how do you want to receive it?

- Check sent in the mail
- Apply to next year's estimates
- Direct deposit
(please provide voided blank check)
 - Checking
 - Savings

If you owe taxes how do you want to pay them?

- Paper check sent with my return
- Credit Card
- Direct debit from my bank account
(please provide voided blank check)
 - Checking
 - Savings

Basic Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Do you have a mortgage? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you own rental property? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Did you receive pension benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Did you receive Social Security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Did you sell stocks or bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did you receive interest or dividends? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have you been contacted by the IRS and/or your state regarding the prior year's tax return? | <input type="checkbox"/> | <input type="checkbox"/> |

Did anyone refer you to J. Heath & Co.? If so, please write their name.

Please attach a copy of the prior year's tax return.