



TREASURE VALLEY CPA

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www.TreasureValleyCPA.com

CLIENT INFORMATION SHEET

DATE: _____

PRIMARY TAXPAYER (first person listed on the tax return)

FULL NAME (as appears on Social Security card): _____

Social Security Number: _____ - _____ - _____ Date of Birth: MM__DD__YEAR _____

Occupation: _____ Email: _____

Phone Number: (____) _____ - _____ £ HM £ Wk £ Cell

MARITAL STATUS (check one): £ Single £ Married £ Separated £ Widow(er)

SPOUSE FULL NAME (as appears on Social Security card): _____

Social Security Number: _____ - _____ - _____ Date of Birth: MM__DD__YEAR _____

Occupation: _____ Email: _____

Phone Number: (____) _____ - _____ £ HM £ Wk £ Cell

CURRENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

DO YOU OWN A BUSINESS? £ Yes £ No

If yes, Business Name: _____

Address (if different than home) _____

EXEMPTIONS

Please complete the following as applicable:

Dependent's Name (as shown on SS card)	Date of Birth	Social Security Number	Relationship to Taxpayer	# of Months of year in home

Whom may we thank for referring you to us? _____

PERSONAL EXPENSES

NAME _____ YEAR _____

MEDICAL EXPENSES:

Total of all Medical co-pay \$ _____
Total of all out of pocket Prescriptions \$ _____
Total of all other Medical expenses (not paid by Ins.) \$ _____
Total of all Dental expenses (not paid by Ins.) \$ _____
Total of all Vision expenses (not paid by Ins.) \$ _____

Miles driven for Medical/Dental/Vision appointments _____ Miles

Total paid for Medical Insurance Premium (If **NOT** pre-taxed at job) \$ _____

PROPERTY TAX:

Total of property tax paid for the year \$ _____

MORTGAGE INTEREST STATEMENT (PLEASE INCLUDE FORM 1098)

Total Interest paid 1st loan \$ _____
Total Interest paid 2nd loan \$ _____

CHARITABLE DONATIONS:

Total paid in Cash
Total in Non-Cash donations
Total Miles Driven for charitable event
\$ _____
\$ _____

Did you purchase a new vehicle? _____

*If so, please send or bring a copy of the contract.

OTHER: _____ \$ _____
_____ \$ _____
_____ \$ _____