Albaugh Tax Group LLC - New Client Information

Section I: Taxpayer & Spouse Information

	Full Name	SSN	DOB
Taxpayer			
Spouse			

Additional Contact Information

	Taxpayer	Spouse
Occupation:		
Phone Number:		
Email Address:		

Status Indicators

Dependent of another	Taxpayer	☐	Spouse	☐
Full-time student	Taxpayer	☐	Spouse	☐
Blind	Taxpayer	☐	Spouse	☐

Would you like to contribute $3 to the Presidential Campaign Fund?	☐ Yes	☐ No
In the tax year, did you have any interest in or authority over any foreign account or trust?	☐ Yes	☐ No
At any time in the tax year, did you receive (as a reward, award, or payment) or sell, exchange, give, or otherwise dispose of a digital asset (or financial interest in a digital asset)?	☐ Yes	☐ No

Section II: Dependent Information*

Full Name	SSN	DOB	Relationship	Months in Home	Childcare Paid

*The first year ATG completes your return, you will need to prove the residency of your dependent(s) by providing at least ONE of the following forms: school records or statement, landlord or property management statement, healthcare provider statement (usually a 1095-A, B, or C), medical records, childcare provider records, placement agency statement, social services records or statement, place of worship statement, Indian tribal official statement, employer statement, or some other form or statement that can show the dependent lived with you.

Last Name:

Section III: ID Information

	Type		Number	State	Dates	
	DL	ID			Issue	Expiration
Taxpayer	☐	☐				
Spouse	☐	☐				

Section IV: Direct Deposit Information

Bank Name	RTN	Account Number	Type		IRA	Foreign
			Checking	Savings		
			☐	☐	☐	☐

Section V: Payment of Estimated Taxes

Quarter	Federal Amount	Federal Date	State Amount	State Date
Q1				
Q2				
Q3				
Q4				

Section VI: Address Information

Primary mailing address

Please provide the address where you would like to receive tax correspondence.

Street address / P.O. Box

Apt. / Suite / Unit

City

State

ZIP code

Spouse mailing address (only if different)

Street address / P.O. Box

Apt. / Suite / Unit

City

State

ZIP code