Blue Water Tax Service, LLC 5460 Lapeer Rd. Kimball, MI 48074 810-982-2236

bluewatertax@comcast.net

New Clients must fill out all that apply along with a copy of the previous year tax return. *Returning client*, please note any changes in the following:

Taxpayer Name:		_ DOB:_	DOB:		
Phone number:	Email	l:			
Address:					
SSN:			_		
If you chose Married or MFS:					
Spouse Name:	DOB:_	DOB:			
Address (If different):					
SSN:	Phone	e number:			
Please list any dependents to claim: Name (as seen on SS Card)	SSN	DOB	College Y/N		
Please answer the following (addition Do you own your home? Y/N Rent? Y/N Monthly amou Have you refinanced, bought, Do you own any business or r Do you have health insurance Any foreign bank accounts? Y Did you receive any unemploy Any interest or dividends from Any 401K Withdrawals? Y/N Did you receive a Stimulus ch	If yes, please nt Paid to or sold your home? entals? Y/N through the Marketp Y/N Any virtual curyment? Y/N Include n checking or savings Include 1099R neck? Y/N Amount for the same savings of the savin	be needed): include property whom	st have form 1 arrency/bitcoin) Any stocks?	095-A ? Y/N Y/N 2 nd	
If you answer Yes to either of the formation: o If your return reflects a refund o If your return reflects a balance	l would you like direc	ct deposit? Y/N		it, please provide	
Bank Name:	·				

^{**}Please refer to our checklist for any further documents that you may need.