



Wellspring Tax Service

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Client Info Sheet 2019 Tax Year

First Name: _____ M.I. _____ Last Name: _____ SS#: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ DOB: _____
 Spouse Name: _____ M.I. _____ Last Name: _____ SS#: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ DOB: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 County: _____ School District: _____ Email Address: _____
 How did year hear about us? _____

Dependent Information (Do Not List yourself or spouse)

Name (as listed on SS Card): _____ DOB: _____ Age: _____ SS# _____
 Relationship: _____ Months lived in home: _____ Day Care: Y or N
 Name (as listed on SS Card): _____ DOB: _____ Age: _____ SS# _____
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 Relationship: _____ Months lived in home: _____ Day Care: Y or N

Additional Information Needed To Complete Your Return

Did you have health insurance coverage in 2019?	Yes	No
If you answered yes, who was your insurance provider: _____		
Did you obtain health insurance through the Marketplace (also known as Obamacare)?	Yes	No
Were you legally married at the end of 2019?	Yes	No
If yes, did you live with your spouse after 7/1/19?	Yes	No
Are there any other relatives (not spouse or children) living with you?	Yes	No
Does anyone in your home earn more than you?	Yes	No
Can you be claimed on someone else's return?	Yes	No
Can anyone else claim your children as dependents?	Yes	No
Are any dependent's last names different from the parents?	Yes	No
Are there any changes in your dependents this year?	Yes	No
Are there any qualifying children that are not your son or daughter?	Yes	No
Was the taxpayers main home the same as the qualifying child?	Yes	No
Have you ever been rejected from the Earned Income Credit program?	Yes	No
Do you own your own business or receive any income from self-employment income?	Yes	No
Did you have any stocks, rental or K-1 (investment) income?	Yes	No
Do you maintain a farm or receive royalties of any kind?	Yes	No
Do you have work related expenses that pertain to your W-2 income?	Yes	No

By signing this form, you state that all of the information you have provided is accurate to the best of your knowledge.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____