

2019 Tax Preparation

Client Data



Taxpayer Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Contact Name: _____

Secondary Phone: _____ Contact Name: _____

Primary Email: _____ Do you work with a WB wealth advisor? Yes No

What's new? Add or delete below any changes in dependents for 2019 or check "none."

Name	Social Security Number	Birthdate	Add	Delete
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Please update banking info below or check "none."			None	<input type="checkbox"/>

Name of Bank	Account Number	Routing Number	None
_____	_____	_____	<input type="checkbox"/>

Note below any 2019 quarterly estimate payments and provide copies of documentation in your work papers.

	Federal Amount	Date Paid	State	State Amount	Date Paid
1st Qtr (4/15/19)	_____	_____	_____	_____	_____
2nd Qtr (6/17/19)	_____	_____	_____	_____	_____
3rd Qtr (9/16/19)	_____	_____	_____	_____	_____
4th Qtr (1/15/20)	_____	_____	_____	_____	_____

How would you like to receive your completed tax return? No estimate payments made

CD Paper Portal

For office use only: ___TEL-S ___FD-S ___ACA-S ___WP-PU ___PROJ