



MONTUE WOODARD
&
ASSOCIATES

year round
 tax professionals

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CLIENT DROP/ INFORMATION SHEET

TODAY'S DATE:	INCOME TAX YEAR		
NAME:	SPOUSE'S NAME:		
ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE:	HOME PHONE :		
DATE OF BIRTH:	DATE OF BIRTH:		
SOCIAL SECURITY #	SOCIAL SECURITY #		
OCCUPATION:	OCCUPATATION:		
EMAIL ADDRESS:	EMAL ADDRESS:		

Dependent (Son, Daughter, Foster Child, etc.) Please attach a copy of the social security card if possible.

Name	Relationship	Date of Birth	Social Security #	School Expenses

Were you here last year? YES NO

If you get a refund, do you want electronic filing to your bank? YES NO

If yes, **Routing #** **Acct. #**

Do you want us to take our fees out of your refund? YES NO

How would you like to receive your copies ? email paper copies

***** PLEASE DO NOT WRITE IN THE AREA BELOW- FOR OFFICE USE ONLY *****

Total Federal Refund \$ Total State Refund \$

MWA Fees \$ **BANK FEES** \$

AMOUNT PAID DIRECTLY TO YOU FED \$ STATE \$

If you were not here last year, please provide a copy of last year's tax return.

4. Did you or your spouse receive a tax refund from any state last year? Yes No

Please list: State: _____ Amount: _____

5. Last year, did you or your spouse withdraw any money from your retirement fund?
(example: 401k, IRA, etc.) Yes No

Amount: _____ (attach 1099R)

6. Did you pay for any type of medical or dental expenses last year, including medical and dental insurance payments taken out of your paycheck? (Glasses, Prescriptions, Chiropractor, etc.)

Describe: _____ Amount: _____

7. Do you own property in the United States? Yes No

Mortgage Interest Paid _____ (attach copy of 1098)
Property Taxes Paid _____ Points Paid _____

8. Did you register a vehicle last year? (Car, Truck, Motorcycle) State _____ Amount _____

9. Do you have any Cash/Non Cash Contributions (clothes, furniture, shoes, etc?)
Organization: _____ Value of Gift: _____

10. Did you move at all last year? Yes No

Distance from old house to old job _____
Distance from old house to new job _____

11. Job Related Expenses Union Dues _____
Tools, Equipment _____
Work Clothing/Cleaning _____
Educational Expenses _____

12. Did you pay for childcare last year? Yes No

Provider _____ Phone Number _____
Address _____ Amount _____
Federal ID or Social Security # _____

Profit/Loss and Rental Activity supplements available upon request

