



# On Point Tax & Accounting Client Organizer

PLEASE FILL OUT ALL INFORMATION FOR OUR RECORDS, EVEN IF IT REMAINS THE SAME AS LAST YEAR.

NAME(S):

\_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

COUNTY OF RESIDENCE:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

EMAIL:

\_\_\_\_\_

OCCUPATION(S):

\_\_\_\_\_

BEST WAY TO COMMUNICATE

CELLPHONE  EMAIL  HOME PHONE

FILING STATUS  
FOR 2020?

SINGLE  MARRIED FILING JOINTLY  MARRIED FILING SEPARATELY  
 QUALIFYING WIDOW(ER)  HEAD OF HOUSEHOLD

DID YOU MOVE DURING 2021?

YES  NO

DEPENDENT INFORMATION:

**MUST PROVIDE PROOF OF RESIDENCY FOR EACH DEPENDENT YOU ARE CLAIMING**

LIST ALL CURRENT DEPENDENTS:

\_\_\_\_\_

LIST ALL NEW DEPENDENTS:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

LIST ANY DEPENDENTS CLAIMED LAST YEAR THAT YOU ARE NO LONGER CLAIMING:

\_\_\_\_\_

BANK INFORMATION  
FOR DIRECT DEPOSIT

(YOU MAY ALSO PROVIDE A COPY OF A VOIDED CHECK)

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

TYPE:  CHECKING  SAVINGS

DID YOU MAKE ANY FEDERAL OR STATE  
ESTIMATED TAX PAYMENTS?

YES  NO IF YES, PROVIDE LIST OF PAYMENTS BY DATE

DID YOU RECEIVE ANY ADVANCE CHILD TAX  
CREDIT PAYMENTS?

YES  NO IF YES, PROVIDE TOTAL AMOUNT(S): \_\_\_\_\_

DID YOU RECEIVE THE 3RD STIMULUS IN  
2021?

YES  NO IF YES, PROVIDE TOTAL AMOUNT(S): \_\_\_\_\_

DID YOU PURCHASE HEALTH INSURANCE  
THROUGH THE HEALTH EXCHANGE?

YES - NEED 1095A FORM  NO

DID YOU RECEIVE, SELL, EXCHANGE OR  
OTHERWISE DISPOSE OF ANY FINANCIAL  
INTEREST IN ANY VIRTUAL CURRENCY ?

YES  NO