CLIENT UPDATE FORM					
Dependent and filing status	Yes	No			
Did your address change?					
Did your marital status change?					
Were there any changes in dependents?					
Are you supporting anyone not living with you?					
If you are separated or divorced and have child(ren), do you					
have a separation agreement or divorce decree that					
establishes custodial responsibilities?					
Income	Yes	No			
Have you changed employment?					
Has your income changed?					
Do you have self-employment income or loss?					
Did you start a business, purchase a rental property, or					
farm, or acquire interests in partnerships of S corporations?					
Did you receive any disability or unemployment payments?					
Did you receive alimony?					
Did you surrender any U. S. savings bonds?					
Did you have foreign income?					
Did you buy or sell any stocks, bonds, or other investment					
property?					
Do you have any worthless securities or uncollectible bad					
debts?					
Did you make any withdrawals from an education savings					
account or 529 plan?					
Do you own a second residence or any other real estate? If					
so, do you rent it out?					
Did you incur a loss because of damaged or stolen property?					
Adjustments to income	Yes	No			
Did you have any education expenses?					
Did you make any contributions to a health savings account?					
Did you make IRA or SEP contributions?					
Did you pay alimony?					
Did you have student loan interest?					

Did you pay out-of-pocket medical expenses (co-pays,		
prescriptions, braces, hearing aids, etc.)?		
Did you take out a home equity loan this year?		
Did you purchase, sell, or refinance your principal home or		
second home, or take out a home equity loan?		
Did you face any foreclosure transactions on your personal residence?		
Do you have any charitable contributions?		
Did you use an area of your home for business purposes?		
Do you have records for business-related travel and		1
expenses?		
Do you have any business, medical or charity mileage?		
Did you have any property damaged due to a storm, fire, or		
other natural disaster located in a federally declared		
disaster area?	Voc	No
Retirement	Yes	No
Did you or your spouse reach age 72?		
Did you or your spouse receive Social Security benefits?		
Are you or your spouse an active participant in an employer-		
provided retirement plan such as pension, profit sharing,		
401(k), Roth 401(k) or stock purchase plan?		
Did you receive a distribution from a pension, profit sharing,		
or retirement plan [401(k), IRA, SEP, etc.]? If yes, did you		
partially or totally roll it over into another IRA or qualified		
plan within 60 days of the distribution?		
Did you convert part or all of your regular IRA/SEP/SIMPLE		
IRA into a Roth IRA?		
Have you or do you plan on contributing to a regular IRA,		
Roth IRA, SEP, Keogh, or SIMPLE plan?		
Miscellaneous	Yes	No
Were you notified by the IRS or state agency of changes to a prior year's return?		
Did you go through bankruptcy or foreclosure proceedings?		
	+	+
Did you make any estimated federal or state tax payments?		1
Were you a resident of (or did you have income in) more		
than one state?		

Did you pay anyone for domestic services in your home?				
Do you have any daycare costs for your dependents?				
Did you adopt a	child or begin the ado	ption process?		
Did you receive	any assistance from yo	ur employer to pay		
for education ex	xpenses, childcare costs	s, or adoption		
expenses?				
	ift of more than \$15,00	00 to one or more		
people?				
	ject to alternative mini	· · · · · · · · · · · · · · · · · · ·		
have they been				
	nat can be used to mini	mize the AMT		
impact).				
	ny energy efficient pro			
•	ained health insurance			
Are you enrolled in health insurance through the				
Marketplace?				
How would you	like to handle your ref			
Check	Credit to next year	Direct Deposit (Checking/Savings)		
	Routing Number			
	Account Number			
Name	of Financial Institute			