


For internal use			MERLAK TAX ADVISORY			New 2025/ 2026/ 2027			
2025	Paid	Efiled	2026	Paid	Efiled	2027	Paid	Efiled	Infusionsoft
CLIENT DATA SHEET									
	First Name		Last Name		Social Security #		DOB		
Taxpayer							/ /		
Spouse							/ /		
Address									
City	State		Zip Code		Unit #				
Cell #					Home #				
Email									
Taxpayer	Are you over age 65	Y / N	Legally Blind	Y / N	Date of Death, if applicable	/ /			
Spouse	Are you over age 65	Y / N	Legally Blind	Y / N	Date of Death, if applicable	/ /			
Dependent Information									
(Son/ Daughter/ Other)									
Relation	First Name	DOB	Last Name	College	Social Security #	Claiming			
S/ D/ O		/ /		Y / N		2025/2026/2027			
S/ D/ O		/ /		Y / N		2025/2026/2027			
S/ D/ O		/ /		Y / N		2025/2026/2027			
S/ D/ O		/ /		Y / N		2025/2026/2027			
S/ D/ O		/ /		Y / N		2025/2026/2027			
Alternating Dependand per seperation agreement.									
Filing Status					Direct Deposit	Initials	Verified		
<input type="radio"/>	Single	<input type="radio"/>	Married Joint	Bank Name			2026		
<input type="radio"/>	Head of Household	<input type="radio"/>	Married Separate	Account #			2027		
<input type="radio"/>	Widower w/ Child	<input type="radio"/>	Dependant of Other	Routing #			2028		
<input type="radio"/>	Single (dependent of another)								
How did you hear about our office?			___ Google ___ Facebook ___ Yelp ___ Family/ Friend/ Co-Worker						
If a family/ friend/ or Co-worker Referred you please share there name so we can thank them _____									
Did you take your RMD in 2024? (age 73 or Older)					Y / N				
*RMD: Required Minumim Distridution you will not have these is you are under 73 years old									
Client Signature:			Tax Payer Signature		/ /26				
			Tax Payer Signature		/ /27				
			Tax Payer Signature		/ /28				