

NEW CLIENT INFORMATION SLIP

(Please Provide a Copy of Last Year's Return)

(TP)Taxpayer Name: _____

(SP)Spouse Name: _____

Date of Birth: _____

Spouse (DOB): _____

SSN #: _____

Spouse SSN #: _____

Occupation: _____

Spouse Occupation: _____

Taxpayer Email: _____

Spouse Email: _____

TP Stimulus Payment Rec'd _____

SP Stimulus Payment Rec'd _____

Advance Child Tax CR Rec'd _____

(Please bring Letter 6419 to reconcile Payments Rec'd)

TP Drivers License# _____

SP Drivers License# _____

TP DL Issue & Expiration Dates: _____

SP DL Issue & Expiration Dates: _____

Client Address/Phone Number:

Street: _____

TP Phone #: _____

City, State, Zip: _____

SP Phone #: _____

Dependent Information (Please provide copies of the Social Security cards for Taxpayer, Spouse and ALL dependents)

*****Please also include a Medical/School/or Other Document verifying your dependents address*****

Name: _____

DOB: _____

SSN#: _____

Name: _____

DOB: _____

SSN#: _____

Name: _____

DOB: _____

SSN#: _____

Name: _____

DOB: _____

SSN#: _____

Bank Information (Direct Deposit/Direct Pay) (or attach a copy of a voided check)

Bank Name: _____

Checking/Savings (Please Circle)

Routing #: _____

Account# _____

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP3) as reported on Notice 1444-C?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an adjustment to your refund or balance due for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and December?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		

Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Information

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

☐ ☐

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

☐ ☐

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?

☐ ☐

Did anyone in your family receive a scholarship of any kind during the year?

☐ ☐

If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

☐ ☐

Did you make any withdrawals from an education savings or 529 Plan account?

☐ ☐

If yes, were any of these withdrawals rolled over into an ABLÉ (Achieving a Better Life Experience) account?

☐ ☐

Did you make any contributions to an education savings or 529 Plan account?

☐ ☐

Did you pay any student loan interest this year?

☐ ☐

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

☐ ☐

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

☐ ☐

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

☐ ☐

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

☐ ☐

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?

☐ ☐

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

☐ ☐

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

☐ ☐

Did you pay long-term care premiums for yourself or your family?

☐ ☐

Did you make any contributions to an ABLÉ (Achieving a Better Life Experience) account?

☐ ☐

Did you receive any withdrawals from an ABLÉ (Achieving a Better Life Experience) account?

☐ ☐

If you are a business owner, did you pay health insurance premiums for your employees this year?

☐ ☐

Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

☐ ☐

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?

☐ ☐

If yes, did the loss occur in a Federally declared disaster area?

☐ ☐

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?

☐ ☐

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?

☐ ☐

If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.

Did you donate a vehicle or boat during the year?

☐ ☐

Did you pay real estate taxes for your primary home and/or second home?

☐ ☐

Did you pay any mortgage interest on an existing home loan?

☐ ☐

Did you incur interest expenses associated with any investment accounts you held?

☐ ☐

Did you make any major purchases during the year (cars, boats, etc.)?

☐ ☐

Did you make any out-of-state purchases (by telephone, internet, mail, or in person)?

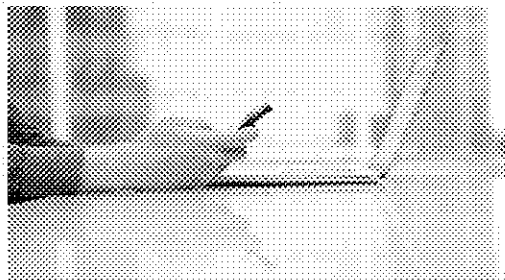
Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>



Secure document exchange portal

Register for Client Center



Dear Valued Client,

We now use **Client Center**, a secure web portal, to easily exchange files and communications (tax questionnaire, supporting documents, and returns). This is a web portal that you log in to, with helpful features and even a mobile app option. Use the following steps and resources to get started.

- You will receive a **Registration email** with the subject line “Dalton CPA, LLC – Register Your Client Center Account” from the address no-reply@onvio.com.

STEPS TO COMPLETE:

- ☐ Click the orange **REGISTER NOW** button in the middle of the registration email. You will create a login using an email address, and also a password.
- ☐ Remember the email address you use for the login. If you forget your password, you can click a link below the login area to Reset Password via email on the Onvio Client Center login page.
- ☐ Create a bookmark or favorite on your web browser for the <https://www.daltoncpa.com/client-login> page.

Watch this [3 Minute Video](#)...to review how to register, update your profile, and use the portal's features.

ADDITIONAL RESOURCES:



Interested in the [Mobile App](#)? You can search “Onvio Client Center” on your phone’s app store.




Add an additional level of security on your portal login by setting up [Multi-Factor Authentication](#)!

[Help & How-To Center](#)



In this article

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Client Center mobile app

The Client Center mobile app is available as a free download for Apple and Android devices. The app offers you on-the-go access to your Client Center documents and tasks. To locate the Client Center mobile app in the App Store or Google Play store, search for **Onvio Client Center**.

Note: You can download the Client Center mobile app to Apple devices that run iOS 11.0 or higher and to Android devices that run Android OS 5.0 or higher.

The Client Center mobile app allows you to do the following.

Manage your documents

- Save documents from other apps to Client Center using the Send or Share feature of your Apple or Android device.
- Scan and upload documents using the camera on your mobile device.
- Send documents to others by using document links, rather than using less-secure email attachments. To send a document link, open the document and then press the Share button  (iOS)  (Android). Add the recipient's email address, and then choose when the link will expire (optional) and add a password (optional). If you add a password, share it with the recipient so they can enter it after they receive the document link and click to open it. When you're finished, press Send.

Perform tasks assigned by your accountant

eSignature and Approval tasks

- When your accountant assembles documents or actionable items and sends them to Client Center, these items appear as eSignature or Approval items on your Tasks screen To-Do list.
- As you complete each task, it moves to the Completed list in the Client Center app and your accountant is notified.

Tax Questionnaire tasks

1. First, you must update and verify household information. Once that information is marked Complete, the questionnaire becomes available on your To-Do list.
2. Complete the items that are applicable to you (e.g., received W-2, changed jobs, was a full-time student).
3. Once lifestyle and employment items are marked Complete, your To-Do list is populated with new tasks based on your completed questionnaire items.
4. As you complete each task, it moves to the Completed list and your accountant is notified.

Upload tasks

- Tasks are added, based on your Questionnaire answers.
- You can upload documents directly to a task.
- General upload tasks have steps that can be removed, marked Complete, or marked Does Not Apply (with a comment). The steps can be marked Complete at any time, with or without documents attached to them.
- As you complete each task, it moves to the Completed list and your accountant is notified.
- Each step allows you to take other actions and view additional information.