



Client Information Sheet

Tax Year: _____

Taxpayer

Please Print

Spouse

Name _____

Name _____

SSN _____

SSN _____

Date of Birth _____

Date of Birth _____

Occupation _____

Occupation _____

Phone _____ Cell Phone

Phone _____ Cell Phone

Email _____

Email _____

Driver's License or State-Issued Photo ID

Driver's License or State-Issued Photo ID

State _____ Number _____

State _____ Number _____

Issue Date _____ Expiration Date _____

Issue Date _____ Expiration Date _____

Marital status: Married Never Married Divorced Widowed Separated

Who to contact for questions _____ Best method of contact _____

Address _____ Own (or buying) Renting Other

_____ School district _____

How did you hear about us? Referred by _____ Other _____

Please complete this section if you have dependents. Do not include spouse.

Dependent Information	SSN (If new)	Date of Birth	Check if:			Relationship (son, daughter, grandchild, etc.)	Months in Your Home
			Disabled	Student	Married		
Full Name (as shown on Social Security Card)							

Tax Refund Method

Check in mail or Direct Deposit to: Checking or Savings Bank name _____

If new or changed from last year: Routing # _____ Acct # _____

Payment for services No return will be released without payment in full

Cash/Check/Card (Visa or MasterCard) or Deducted from refund (Extra fees apply)