

CLIENT INFORMATION SHEET

Date: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Own: _____ Rent: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Taxpayer SS# _____ Taxpayer DOB _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Filing Status: Married Filing Jointly _____ Married Filing Separately _____ Head of Household _____
Single _____ Number of Dependents You Are Claiming: _____

Spouse's Name: _____

Spouse SS# _____ Spouse DOB _____

DEPENDENTS:

Name _____ DOB _____

SS# _____ Full Time Student: Yes _____ No _____

Name _____ DOB _____

SS# _____ Full Time Student: Yes _____ No _____

Name _____ DOB _____

SS# _____ Full Time Student: Yes _____ No _____

I certify the above to be true and correct: _____