

CLIENT INFORMATION FORM

County _____ Date _____

City _____ New Client _____ Updated Form _____

Male ___ Female ___ **Taxpayer Info** **Please print clearly**

Taxpayer Name _____ SS # _____

Street Address _____ **Date of Birth** _____

City _____ State _____ Zip _____ Blind ? _____

Employer/Occupation _____ / _____

Cell Phone (____) _____ Work Phone (____) _____ Ext _____

Home # (Not Cell) (____) _____ Email _____

Male ___ Female ___ **Spouse Info** **Please print clearly**

Spouse Name _____ SS # _____

Street Address _____ **Date of Birth** _____

City _____ State _____ Zip _____ Blind ? _____

Employer/Occupation _____ / _____

Cell Phone (____) _____ Work Phone (____) _____ Ext _____

Home # (Not Cell) (____) _____ Email _____

Marital Status: Single _____ Married _____ Divorced _____ Date of Divorce ____/____/____

Filing Status:

Single _____ Married _____ Head of Household _____ Married filing separately _____ Widow(er) _____

Dependents	(name-first, middle initial, last)	Date of Birth	S.S.#	Relationship	Months lived in Home

How did you hear about us? _____

Who prepared your Income Tax Return last year? _____