



CLIENT INFORMATION WORKSHEET

PRIMARY NAME _____ SPOUSE NAME _____
 SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____
 OCCUPATION _____ OCCUPATION _____
 EMAIL _____ EMAIL _____
 PHONE _____ PHONE _____
 ADDRESS _____ APT# _____
 CITY _____ STATE _____ ZIP _____ DID YOU MOVE THIS YEAR? YES NO

STATUS ON DECEMBER 31:

SINGLE / DIVORCED / WIDOW(ER) / NOT LEGALLY MARRIED
 MARRIED FILING TOGETHER MARRIED FILING SEPARATE - LIVE TOGETHER OR DATE LAST LIVED TOGETHER: _____
 HEAD OF HOUSEHOLD (SINGLE WITH DEPENDENTS THAT LIVE WITH YOU MORE THAN ½ THE YEAR)

DEPENDENTS

NAME	BIRTHDATE	SSN	RELATIONSHIP	MONTHS LIVED WITH YOU LAST YEAR

BANK INFO

NAME OF BANK: _____ TYPE OF ACCOUNT: CHECKING SAVINGS
 ROUTING #: _____ ACCOUNT # _____

DOCUMENTS NEEDED

PRIOR YEAR TAX RETURN
 TAXPAYER(S): PHOTO ID, SOCIAL SECURITY CARD DEPENDENTS: BIRTH CERTIFICATE, SOCIAL SECURITY CARD *

*DEPENDENT ON CREDITS YOU QUALIFY FOR, YOU MAY ALSO NEED TO PROVIDE PROOF OF RESIDENCY FOR ALL DEPENDENTS.

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION SUPPLIED ABOVE. ALL INFORMATION IS TRUE AND CORRECT AND I TAKE FULL RESPONSIBILITY FOR THE INFORMATION PROVIDED AND THE FINAL PRODUCT AS I DIRECT IT TO BE FILED.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____