Client Information

Please attach, signed & dated, to your tax paperwork

Personal Information

Taxpayer:	Mr. M	Irs. M	ls. Dr. Jr. Sr.	Spouse:		Mr. Mrs.	Dr. Jr. Sr.
Last Name				Last Name			
First Name				First Name			
Middle Initial			Middle Initial				
Social Security No.			Social Security No.				
Occupation			Occupation				
Date of Birth (mm/dd/yyyy)				Date of Birth (mm/dd/yyyy)			
Work Phone			Work Phone				
Cell Phone	ell Phone			Cell Phone			
Fax				Fax			
Home Phone				Home Phone	;		
Blind	YES NO		Blind		YES	NO	
Resident State			Resident Sta	Resident State			
Full year resident			Full year resident		YES	NO	
State Returns (CA,NY etc)				State Return	S (CA,NY etc)		
		J MF	FS HOH W	Filing Status		S MFJ MF	S HOH W
	l Addres	SS			E-mail Address		
Preferred Contact Method	l 🗆 H	Home	Phone	ell Phone 🔲 V	Vork Phone	□ Email □	l Text
Address						Apt. No	
CityStateZIP Code							
City				Sta	nte :	ZIP Code	
City				Sta	ite	ZIP Code	
City				Sta		ZIP Code	
					ite	ZIP Code	Education
		MI	Social Security #	Date of Birth MM/DD/YY	Relationship		
Dependent Information			Social	Date of Birth		Months lived with	Education Tuition, fees
Dependent Information			Social	Date of Birth		Months lived with	Education Tuition, fees
Dependent Information			Social	Date of Birth		Months lived with	Education Tuition, fees
Dependent Information			Social	Date of Birth		Months lived with	Education Tuition, fees
Dependent Information			Social	Date of Birth		Months lived with	Education Tuition, fees
Name Business Information		MI	Social Security #	Date of Birth MM/DD/YY	Relationship	Months lived with taxpayer	Education Tuition, fees Yes/No
Dependent Information Name		MI	Social Security #	Date of Birth MM/DD/YY	Relationship	Months lived with taxpayer	Education Tuition, fees Yes/No
Name Business Information		MI	Social Security #	Date of Birth MM/DD/YY	Relationship	Months lived with taxpayer	Education Tuition, fees Yes/No
Dependent Information Name Business Information Business Name Employer I.D. #		MI	Social Security #	Date of Birth MM/DD/YY	Relationship Fax —	Months lived with taxpayer	Education Tuition, fees Yes/No
Dependent Information Name Business Information Business Name Employer I.D. # Address		MI	Social Security #	Date of Birth MM/DD/YY	Relationship Fax	Months lived with taxpayer	Education Tuition, fees Yes/No
Dependent Information Name Business Information Business Name Employer I.D. # Address City, State, Zip		MI	Social Security # —— Phone —	Date of Birth MM/DD/YY	Relationship Fax	Months lived with taxpayer	Education Tuition, fees Yes/No