CLIENT DATA SHEET

Name:	SSN:_			
Spouse:	SSN:			
Address:		Phone:		
	D	ependents		
Name:	SSN	DOB	Relationship / #Mos. in Home	
Account No: Did you receive Letter Amount received for Additional Payment Received States and States and States and States are states and States are states and States are states and States are states ar	Routing Routing Check 6419? (Regarding Chick dvance Child Tax Creck dimulus Payment?	king or Savings ld Tax Credit) dit:		
submitted with it, is true,	accurate and complete of defrauding the U. S I	. The undersigned f Department of the T	this certification and any evidence urther understands that providing falso reasury may result in demand of wed by law.	
Taxpayer Signature		Date		
Spouse Signature		Date		