Client Information Sheet

All Information must be complete for NEW & CURRENT Clients

Date In:				**Date Out:**		
Excisting Client:	**YES**			**NO**		

NEW CLIENT INFORMATION - MUST Also Provide Prior Yr Return

Filing Status:		
Single/Head of Household		
Name:	SS #	B-day
Married		
Primary Name	SS #	B-day
Secondary Name	SS #	B-day
Address:		
Primary Phone #		
Email(s):		

Dependants	If more than 4 please enter info in Notes Section	
Name:	SS #	B-day
Name:	SS #	B-day
Name:	SS #	B-day
Name:	SS #	B-day

Bank Information:	
Bank Name:	
RTN #:	
ACCT #:	

March Stimulus Rec'd:	$		***Include Letter with Exact Amount***
Rec'd Unemployment:	**YES**	**NO**	***Must Include 1099G Form***
Rec'd Child Tax Credit	**$**		***Must Include Letter 6419***

NOTES & QUESTIONS