



CHRISTINA KANAGARATNAM, EA
NAVIGATING TAXES WITH EXPERTISE

Individual Tax Client Data Sheet

☐ NEW -or- ☐ UPDATED

[TODAY'S DATE]

Taxpayer

Spouse

First Name & Mid Init _____

Last Name _____

SSN _____

Date of Birth _____

Occupation _____

Federal Elections Campaign Fund? ☐ Yes ☐ No

Dependent of Another Person? ☐ Yes ☐ No

Blind or disabled? ☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

In Care of: _____

Street Address _____ Apt # _____ PO Box _____

City _____ State _____ ZIP Code _____

Live in City Limits? ☐ Yes ☐ No County _____ School District _____

Moved this year or in the current tax year? From (City/State) _____

☐ Yes Date Moved _____

☐ No To (City/State) _____

Taxpayer

Spouse , if different

Mobile Phone _____

Home Phone _____

Email Address _____

Driver's License or State Photo ID _____
Please provide a current copy ☐ N/A ☐

Please provide a current copy ☐ N/A ☐

Dependent 1

Dependent 2

Dependent 3

Dependent 4

First Name and Initial _____

Last Name _____

SSN _____

Date of Birth _____

Relationship _____

Blind or Disabled - Y/N _____

How did you hear about my tax services? Please tell me the name of person who referred you so I can thank them.

Special issues you would like to discuss or other comments: