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NEW CLIENT PERSONAL TAX DATA SHEET

We are happy to serve you.

Please complete the following information so that you are provided with the best possible service.

Taxpayer:

Name: _____
(as it appears on social security card)

Spouse:

Name: _____
(as it appears on social security card)

Address: _____

Address:(if different) _____

(Important: The first year we prepare your taxes, we will need a copy of the driver's license or state ID and social security card for each person on your return.)

Date of Birth: _____

Spouse Date of Birth: _____

Occupation: _____

Spouse Occupation: _____

Contact Information:

Home: _____ Office: _____ Cell: _____ Email: _____

Filing Status: ☐ Married ☐ Single ☐ Married, but separated ☐ Widowed ☐ Head of Household

Do you have any dependents to claim on your return?

☐ Yes (complete below) ☐ No ☐ I do not know if they qualify as a dependent

Information regarding your dependents (*Biological, adopted, or step-children to be claimed*)

| Name (as it appears on SS Card) | Date of Birth | College Yes/No | Child Care Yes/No |
|---------------------------------|---------------|-------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Information regarding your dependents (*Others you are claiming as a dependent*)

| Name (as it appears on SS Card) | Date of Birth | College Yes/No | Child Care Yes/No |
|---------------------------------|---------------|-------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DUE TO THE INCREASED IRS AUDIT ACTIVITY, please verify your marital status for the period from January 1 to December 31 of Tax Year 2024. Thank you for understanding. **We wish to take all valid**

deductions and ensure you receive every tax benefit possible.

_____ Not married at any time during 2024

_____ Married and living with spouse all of 2024

_____ Married, but did not living with spouse at any time during 2024

_____ Married, but separated during 2024. Last date lived together: _____

_____ Divorced during 2023. Date Separated _____ Date Divorced Final: _____

Do you own a business: Yes No

Signature(s):

Taxpayer _____ *Date* _____ *Spouse* _____ *Date* _____

How did you hear about us? Referred Internet Other: _____

If referred, please provide the name of the person that referred you: _____