

Tax Client Worksheet - 2024

Personal Data

Your First Name	Initial	Last Name	Suffix	DOB	Social Security #

Occupation _____ Drivers License Number/State _____
 Issued Date _____ Expired Date _____

Spouse's First Name	Initial	Last Name	Suffix	DOB	Social Security #

Occupation _____ Drivers License Number/State _____
 Issued Date _____ Expired Date _____

Address _____

City _____ State _____ Zip _____

Phone: Res _____ Wk _____ Cell _____

E-mail _____

Dependent Children & Other Dependents

First Name	Initial	Last Name	Mos. In home	Relationship	DOB	Social Security #

Also indicate any child care expenses paid for each child and include applicable statements.

Direct Deposit Information

Routing Transit Number (RTN)	Account Number	Type (checking or savings)	Name of Bank

Do you want to sign your return electronically using a five-digit, self-selected, PIN? YES NO

Do you want your tax REFUND sent electronically? YES NO

Do you want to pay your tax PAYMENT electronically? YES NO

Please bring W-2's, 1099's, 1098's, and any other pertinent statements with you. Also do not forget to include vehicle registration fees paid, charitable (cash & non-cash) contributions made, as well as escrow closing or settlement statements (if you bought, sold, or refinanced real estate). **New clients; also bring a copy of previous year's tax return.**

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