

# 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.**

***Kirby Tax Service***  
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