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| CLIENT INFORMATION SHEET |

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| **FIRST CLASS INCOME TAX**  **3115 PRESTON RD. SUITE C**  **PASADENA TX, 77505** | **PHONE: 281-487-4002**  **FAX: 281-487-0787**  **E-MAIL: lindafloyd@firstclassincometax.com** |

**FILING STATUS**

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| **SINGLE**  ***Soltero/a*** | **MARRIED FILING**  **JOINT**  ***Casado/a applicando juntos*** | **MARRIED FILING**  **SEPERATLEY**  ***Casado/a applicando seperados*** | **HEAD OF**  **HOUSEHOLD**  ***Cabeza de familia*** | **QUALIFYING WIDOW/ER**  ***Viudo/a, el ano que***  ***Fellecio/a*** |
|  |  |  |  |  |

**\*\*\*\*NOTE: NEW CLIENTS please fill in all boxes in top half of page – RETURNING CLIENTS indicate only where there are CHANGES. Please have the following documents. Valid Driver’s License/ID card, ALL Social Security cards!\*\*\*\***

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| **TAXPAYER’S FIRST NAME:** |  | **TAXPAYER’S LAST NAME:** |  |
| **DATE OF BIRTH:**  ***Fecha de Nacimiento*** |  | **SOC. SEC. NUMBER:**  ***Seguridad Social*** |  |
| **DAYTIME PHONE #:**  ***Numero*** |  | **OCCUPATION:**  ***Ocupacion*** |  |

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| **STREET ADDRESS:**  ***Direccion*** |  | **CITY/STATE/ZIP:**  ***Ciudad/Estado/Codigo*** |  |
| **HOME PHONE #:**  ***Numero*** |  | **E-MAIL ADRESS:**  ***Correo Electronico*** |  |

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| **SPOUSE FIRST NAME:** |  | **SOUSE LAST NAME:** |  |
| **DATE OF BIRTH:**  ***Fecha de Nacimiento*** |  | **SOC. SEC. NUMBER:**  ***Seguridad Social*** |  |
| **DAYTIME PHONE #:**  ***Numero*** |  | **OCCUPATION:**  ***Ocupacion*** |  |

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| **DEPENDENT’S**  **(FIRST, MIDDLE INITIAL, LAST)** | **DATE OF BIRTH** | **DEPENDENT’S**  **(SOC. SEC. NUMBER)** | **RELATIONSHIP** |
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