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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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