



# Client Form

## **Taxpayer Information:**

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ M.I: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Return Customer: Yes or No

## **Dependent Information:**

<i>Name</i>	<i>DOB</i>	<i>SSN</i>	<i>Relation</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Referred By? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***“Where Taxes Are Done Fast And Done Right!”***