

TAX CLIENT INFORMATION SHEET

New Clients: We will need to copy you and your spouse's drivers licenses.

Filing Status: Single Married filing jointly Married filing separately Head of Household Qualifying Widow(er)			
TAXPAYER NAME:		SPOUSE NAME:	
PHONE NUMBER:		PHONE NUMBER:	
EMAIL:		EMAIL:	
DATE OF BIRTH:		DATE OF BIRTH:	
SOCIAL SECURITY:		SOCIAL SECURITY:	
OCCUPATION:		OCCUPATION:	

Address:

DEPENDANTS NAMES	DATE OF BIRTH	SOCIAL SEC.	RELATIONSHIP

Did you have health insurance in 2018? _____

Client tax return copies PDF Paper

If you would like to use direct deposit:

Routing #		Account #	
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For ELCPA Staff Use

	Date/Initials		Date/Initials		Date/Initials
Date in Office:	<input style="width: 100%;" type="text"/>	Date on Hold:	<input style="width: 100%;" type="text"/>	Client Called:	<input style="width: 100%;" type="text"/>
Scanned:	<input style="width: 100%;" type="text"/>	Prep Complete:	<input style="width: 100%;" type="text"/>	Client Picked Up:	<input style="width: 100%;" type="text"/>

Client Payment Yes \$ _____ CC-Visa, MC, Discover Check # _____ Cash

Notes: