

CLIENT TAX INFORMATION SHEET

Dedicated Tax ♦ 635 S Wickham Rd Ste 202 ♦ West Melbourne, FL 32904

Taxpayer Name:				Spouse's Name:			
Soc. Sec. Number:				Soc. Sec. Number:			
Date of Birth:				Date of Birth:			
Occupation:				Occupation:			
Email Address:				Email Address:			
Home Phone:				Home Phone:			
Work Phone:				Work Phone:			
Cell Phone:				Cell Phone:			
Address:							
City:		State:		Zip:			

Fill out only if info has changed.		Filing Status			
<input type="radio"/> Single	<input type="radio"/> Married Filing Jointly	<input type="radio"/> Married Filing Separately	<input type="radio"/> Head of Household	<input type="radio"/> Qualifying Widow/er	

Note: Dependents cannot claim themselves as a dependent on their own return.

Dependent Name <small>(First, Middle Initial, Last)</small>	Date of Birth	Dependent's Soc. Sec. Number	Relationship	Child Care	College Tuition
				○ Y ○ N	○ Y ○ N
				○ Y ○ N	○ Y ○ N
				○ Y ○ N	○ Y ○ N
				○ Y ○ N	○ Y ○ N
				○ Y ○ N	○ Y ○ N

Health Insurance:	
Was anyone listed above using Marketplace Insurance?	○ Y ○ N

