## **Client Information**

## Please attach, signed & dated, to your tax paperwork

## **Personal Information**

Taxpayer:	Mr. N	Mrs. M	ls. Dr.	Jr. Sr.	Spouse:		Mr. Mı	s. Di	. Jr.	Sr.
Last Name					Last Name					
First Name					First Name					
Middle Initial					Middle Initial					
Social Security No.					Social Security No.					
Occupation					Occupation					
Date of Birth (mm/dd/yyyy)					Date of Birth (mm/dd/yyyy)					
Work Phone					Work Phone					
Cell Phone					Cell Phone					
Fax					Fax					
Home Phone					Home Phone	:				
Blind Resident State				Blind Resident State						
Full year resident				Full year res						
State Returns (CA,NY etc)					State Returns					
Filing Status					Filing Status					
E-mail Address					1 ming Status		Address			
L-man Address						2 man	radi CDD			
Preferred Contact Method		Home	Phone	☐ Cell	Phone UV	Vork Phone	☐ Email	Γ□	ext	
Address	W.						Apt. l	No.		
Address							Apt. 1	<b>1</b> 0		
City					Sta	ite Z	ZIP Code			
•										
Dependent Information										
Dependent Information					Ι		Manthalia		F-1	
Dependent Information  Name		MI		ocial	Date of Birth	Relationship	Months liv		Educati	
		MI		ocial urity #	Date of Birth MM/DD/YY	Relationship		]		fees
		MI				Relationship	with	]	uition,	fees
		MI				Relationship	with	]	uition,	fees
		MI				Relationship	with	]	uition,	fees
		MI				Relationship	with	]	uition,	fees
		MI				Relationship	with	]	uition,	fees
Name			Seci	urity #	MM/DD/YY		with taxpayer	1	Yes/No	fees o
Name  Business Information  Business Name			Seci	urity #	MM/DD/YY		with taxpayer		Yes/No	fees o
Name  Business Information			Seci	urity #	MM/DD/YY		with taxpayer		Yes/No	fees o
Name  Business Information  Business Name  Employer I.D. #			Section Sectio	none	MM/DD/YY	Fax	with taxpayer		Yes/No	fees o
Name  Business Information  Business Name  Employer I.D. #  Address			Sect	urity #	MM/DD/YY  - DBA	Fax	with		Yes/No	fees o
Business Information  Business Name  Employer I.D. #  Address  City, State, Zip			Section Sectio	none —	MM/DD/YY  DBA	Fax	with		Yes/No	fees