

## Client Information

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

### Personal Information

<b>Taxpayer :</b>	Mr. Mrs. Ms. Dr. Jr. Sr.	<b>Spouse :</b>	Mr. Mrs. Dr. 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		Blind	
Resident State		Resident State	
Full year resident		Full year resident	
State Returns (CA,NY etc)		State Returns (CA,NY etc)	
Filing Status		Filing Status	
E-mail Address		E-mail Address	
Preferred Contact Method	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email <input type="checkbox"/> Text		

Address \_\_\_\_\_ Apt. No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Dependent Information

Name	MI	Social Security #	Date of Birth MM/DD/YY	Relationship	Months lived with taxpayer	Education Tuition, fees Yes/No

### Business Information

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Employer I.D. # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_