Text

Description automatically generated with medium confidence

2720 Sepulveda Blvd., Suite 300 Torrance, CA 90505

Phone: 424.305.4272 Fax: 424.305.4279

Email: [info@sbcentraltax.com](mailto:info@sbcentraltax.com)

Tax Client Information Sheet

Client Information

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | First Name |  |
| Date Of Birth |  | Current |  |
| Social Security  Number |  | Address |  |
| Home Phone |  |  |  |
| Cellular Phone |  | Fax |  |
| Occupation |  | Email |  |
| Filing Status | SINGLE MARRIED FILING  HEAD OF HOUSEHOLD | JOINTLY MARRIED FILING  QUALIFYING WIDOWER | SEPARATELY |
| Refund Type | DIRECT DEPOSIT | CHECK |  |

Spouse Information

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | First Name |  |
| Social Security  Number |  | Date of Birth |  |
| Occupation |  | Cellular Phone |  |
| Email Address |  |  |  |

Dependents

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | RELATIONSHIPS | SOCIAL SECURITY | DATE OF BIRTH |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | CLIENT’S IDENTIFICATION |  | SPOUSE IDENTIFICATION |
| **DL/ID NUM** |  | **DL/ID NUM** |  |
| **STATE** |  | **STATE** |  |
| **ISSUE DATE** |  | **ISSUE DATE** |  |
| **EXP DATE** |  | **EXP DATE** |  |