



TAX CLIENT DATA SHEET

TAXPAYER NAME _____ SPOUSE NAME _____
 SSN _____ DOB _____ SSN _____ DOB _____
 OCCUPATION/POSITION _____ OCCUPATION/POSITION _____
 ADDRESS _____ APT _____ CITY _____ ST _____ ZIP _____
 CELL # _____ CELL 2 OR HM _____
 EMAIL ADDRESS _____
 DIRECT DEPOSIT: Routing# _____ Account# _____
 Checking [] Savings [] Bank Name: _____

DEPENDENTS: COMPLETE NAME AS SHOWN ON SOCIAL	DATE OF BIRTH MM/DD/YY	SOCIAL SECURITY NUMBER	RELATIONSHIP TO YOU	LIVED WITH YOU 1 – 12 MONTHS

STIMULUS CHECKS RECEIVED: Yes [] No []

AMOUNT	DATE	WHO WAS IT FOR? (Example: Self etc.)
\$		
\$		

AUTOS INFORMATION:

YEAR	MAKE	MODEL	REGISTRATION COST	OWEND BETWEEN (DATES OWNED)

CHILD CARE INFORMATION:

PROVIDERS NAME: _____ PROVIDERS SSN/EIN _____
 PROVIDERS ADDRESS _____ CITY _____ ZIP _____
 AMOUNT PAID \$ _____ PAID TO CARE FOR (CHILDS NAME) _____

MISCELLANEOUS ITEMS (Example: type of cellphone, laptop, etc. that you use)
DESCRIBE:

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFROMATION I SUPPLIED ABOVE

TAXPAYER'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____