

# OMEGA TAX SOLUTIONS

## CLIENT INFORMATION

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Contact#: \_\_\_\_\_ C/H \_\_\_\_\_ Contact#: \_\_\_\_\_ C/H \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Text: \_\_\_\_\_ Email: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ M (Married) S (Single) W (Widowed) P (Partnership)

## ADDRESS

Street Name: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Mark box if same as physical address  
PO Box/Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## DEPENDENTS

Child: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(S) (D) (A) (SC): \_\_\_\_\_ Daycare expense: \_\_\_\_\_ Y/N  
Child: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(S) (D) (A) (SC): \_\_\_\_\_ Daycare expense: \_\_\_\_\_ Y/N  
Child: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(S) (D) (A) (SC): \_\_\_\_\_ Daycare expense: \_\_\_\_\_ Y/N  
Child: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(S) (D) (A) (SC): \_\_\_\_\_ Daycare expense: \_\_\_\_\_ Y/N  
Child: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(S) (D) (A) (SC): \_\_\_\_\_ Daycare expense: \_\_\_\_\_ Y/N

Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(P) (G) (S) (A) (U) (O): \_\_\_\_\_ Months Lived with: \_\_\_\_\_  
Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(P) (G) (S) (A) (U) (O): \_\_\_\_\_ Months Lived with: \_\_\_\_\_  
Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(P) (G) (S) (A) (U) (O): \_\_\_\_\_ Months Lived with: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

7625 W Georgetown Way  
Florence, AZ 85132

520-800-2050  
omegataxsolutions@accountant.com  
www.omegataxsolution.com

