



Client Information Sheet

Name: _____
Taxpayer _____ Spouse _____

Social Security #: _____
Taxpayer _____ Spouse _____

Date of Birth: _____
Taxpayer _____ Spouse _____

Occupation: _____
Taxpayer _____ Spouse _____

E-Mail : _____
Taxpayer _____ Spouse _____

Cellular : _____
Taxpayer _____ Spouse _____

Work Phone : _____
Taxpayer _____ Spouse _____

Home Phone : _____

Address: _____

Dependent's Information:

Name	Relationship	Social Sec. #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____