

Client Information

Taxpayer Name _____ SS# _____

Spouse's Name _____ SS# _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Cell # _____

E-mail _____

Taxpayer Birthdate ____/____/____ Spouse's Birthdate ____/____/____

Taxpayer Occupation _____

Spouse's Occupation _____

How did you hear about our office? _____

Dependents

(include Name, birthdate, SS#, relationship)

*Please note any changes that need to be updated prior to completing your
tax return this year:* _____

**If you would like your refund deposited to a bank account, we must have a
current account on file (attach a voided check).**

****New Clients - We need to have a copy of your driver's license & social security
card on file. Also, if you have children, we need a copy of their social security
card and/or birth certificate.**