

CLIENT INFORMATION

DATE: _____

NAME: _____ SSN: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____ OCCUPATION: _____

FILING STATUS: SINGLE, MARRIED JOINT, MARRIED SEPARATE ,HEAD OF HOUSE EMAIL: _____

PHONE: (_____) _____ - _____ REFERRED BY _____

ADDRESS: _____ APT#: _____

ZIP CODE: _____ CITY: _____ STATE: _____

SPOUSE'S NAME: _____ SPOUSE'S SSN: _____ - _____ - _____

SPOUSE'S DOB: _____ / _____ / _____ SPOUSE'S OCCUPATION: _____

GOVERNMENT ISSUED PHOTO ID:

TAXPAYER ID#: _____ TYPE: _____ ISSUE STATE: _____ DATE ISSUED: _____ EXPIRATION DATE: _____

SPOUSE ID#: _____ TYPE: _____ ISSUE STATE: _____ DATE ISSUED: _____ EXPIRATION DATE: _____

DEPENDENT INFORMATION

FIRST NAME	LAST NAME	BIRTHDATE	SSN	RELATIONSHIP	CHILDCARE Y/N AMT PAID

WERE YOU ISSUED A N IDENTY PROTECTION PIN BY THE IRS? Y ___ N ___ IF YES, WHAT IS THE IPP# _____

DID YOU PAY TUITION FOR YOU/YOUR DEPENDENTS? _____, IF YES, HOW MUCH? _____

NAME OF SCHOOL /COLLEGE /INSTITUTION? _____, EIN #: _____

ARE YOU CURRENTLY PAYING ON STUDENT LOANS? _____, IF YES, HOW MUCH? _____

HOW MANY JOBS DID YOU WORK LAST YEAR? _____ DID YOU RECEIVE UNEMPLOYMENT INCOME? _____

DID ANYONE RECEIVE SOCIAL SECURITY BENEFITS? _____ DO YOU HAVE ANY BANK INTEREST? _____

DID YOU SELL ANY STOCK? _____ DID YOU RECEIVE ANY PENSION PAYMENTS? _____

DO YOU OWN A HOME? _____ DO YOU HAVE GAMBLING WINNING/LOSSES? _____

ARE YOUR IN THE PROCESS OF PURCHASING A NEW HOME ? Y ___ N ___ IF YES, WHEN ? _____

.....
DO YOU OWE STUDENT LOANS? YES / NO OWE BACK CHILD SUPPORT? YES / NO OWE IRS? YES / NO

DO YOU HAVE HEALTH CARE INSURANCE? YES / NO DATE OBTAINED ? _____
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WOULD YOU LIKE YOUR REFUND ISSUED BY DIRECT DEPOSIT OR CHECK ? _____ CHECKING OR SAVINGS

BANK NAME: _____ ROUTING #: _____ ACCOUNT#: _____

I _____ HEREBY STATE THAT THE FOREGOING INFORMATION IS TRUE

PRINT NAME

AND CORRECT TO THE BEST OF MY KNOWLEDGE AND RECOLLECTION: _____

SIGN NAME