



CLIENT INFORMATION FORM

PLEASE PRINT

TAXPAYER NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH (M/D/Y) _____ / _____ / _____

SPOUSE NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH (M/D/Y) _____ / _____ / _____

POSTAL ADDRESS: _____

PHISICAL ADDRESS: _____

PHONE NUMBER: HOME _____ WORK _____

CELLULAR _____ OTHER _____

NECESSARY DOCUMENTS TO COMPLETE YOUR FEDERAL AND/OR STATE INCOME TAX RETURN:

SS CARDS: TAXPAYER/SPOUSE/DEPENDENTS **PHOTO ID:** TAXPAYER/SPOUSE **PROOF OF RESIDENCY:** TAXPAYER/SPOUSE/DEPENDENTS

BANK ACCOUNT NUMBER: _____ **BANK ROUTING NUMBER:** _____

W-2/W-2PR/1099/480 (TAX FORMS) TAXPAYER/SPOUSE **OCUPATION:** _____ TAXPAYER

EMAIL: _____ SPOUSE

DEPENDENTS

NAME	DATE OF BIRTH (M/D/Y)	RELATIONSHIP	SOCIAL SECURITY
1. _____	_____/_____/_____	_____	- - _____
2. _____	_____/_____/_____	_____	- - _____
3. _____	_____/_____/_____	_____	- - _____
4. _____	_____/_____/_____	_____	- - _____
5. _____	_____/_____/_____	_____	- - _____

¡WE PREPARE YOUR TAXES AS IF WERE OURS!