

Client Information Sheet - Individual

Taxpayer

Spouse

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Occupation: _____

Occupation: _____

Dependent of another: Y N

Dependent of another: Y N

Blind: Y N

Blind: Y N

Date of Death: _____

Date of Death: _____

Primary Phone: _____

Primary Phone: _____

Email Address: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

IMPORTANT – ALL REFUNDS/PAYMENTS WILL BE SET UP FOR DIRECT DEPOSIT/WITHDRAWAL UNLESS OTHERWISE NOTED BELOW:

Direct Deposit / Withdrawal

Refund direct deposited to bank account on file? Y N

Automatic payment of balance due with bank account on file? Y N

Dependents

(Please list anyone who you believe can be claimed as a dependent)

First Name	Last Name (If different)	Date of Birth	SSN	Relation	Months at home	Disabled	Student
_____	_____	_____	_____	_____	_____	Y N	Y N
_____	_____	_____	_____	_____	_____	Y N	Y N
_____	_____	_____	_____	_____	_____	Y N	Y N
_____	_____	_____	_____	_____	_____	Y N	Y N

Do you own/partner in a Business? Y N

Are you a veteran? Y N

Do you own Rental Properties? Y N

Are you clergy? Y N

Do you receive K-1s? Y N

Referral: _____