

Client Information Sheet - Individual

Taxpayer

Spouse

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Occupation: _____

Occupation: _____

Date of Birth: _____

Date of Birth: _____

Dependent of another: Y or N

Dependent of another: Y or N

Primary Phone: _____

Primary Phone: _____

Email Address: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

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 or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N
_____	_____	_____	_____	_____	_____	Y or N	Y or N

Bank Account Information

Please provide the bank account you would like to use for refunds, balances due or invoice payments.

You may attach a copy of a voided check below:

Name of Bank: _____ Account Number: _____

Routing Number: _____