

Client Information Sheet - Individual Taxpayer Spouse

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Occupation: _____

Occupation: _____

Date of Birth: _____

Date of Birth: _____

Date of Death: _____

Date of Death: _____

Dependent of another (Y or N):

Dependent of another (Y or N):

Primary Phone: _____

Primary Phone: _____

Email Address: _____

Email Address: _____

Address: _____

Digitized by srujanika@gmail.com

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?
------------	-----------------------------	---------------	-----	----------	-------------------	-----------	----------

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: _____

How did you hear about Young and Company?

TV/News Internet

Referral:

Something else: