

Client Information Sheet - Individual

Taxpayer

Spouse

First Name: _____

Last Name: _____

Occupation: _____

Date of Birth: _____

Date of Death: _____

Dependent of another (Y or N): ____

Primary Phone: _____

Email Address: _____

Address: _____

City: _____ State: ____ Zip: _____

First Name: _____

Last Name: _____

Occupation: _____

Date of Birth: _____

Date of Death: _____

Dependent of another (Y or N): ____

Primary Phone: _____

Email Address: _____

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: _____