



Client Information Form

BASIC INFO: TAXPAYER

- Legal Name: _____
- Social Security Number (Provide photocopy): _____
- IRS Issued Identity Theft Protection PIN: _____
- Date of Birth: _____
- Occupation: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- Mailing Address (If differs): _____
- IDENTIFICATION INFORMATION (Provide photocopy)
 - Driver License or State-issued Photo ID: _____
 - Photo ID Number: _____
 - Issued Date: _____
 - Expiration Date: _____

BASIC INFO: SPOUSE

- Legal Name: _____
- Social Security Number (Provide photocopy): _____
- IRS Issued Identity Theft Protection PIN: _____
- Date of Birth: _____
- Occupation: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- Mailing Address (If differs): _____
- IDENTIFICATION INFORMATION (Provide photocopy)
 - Driver License or State-issued Photo ID: _____
 - Photo ID Number: _____
 - Issued Date: _____
 - Expiration Date: _____

BASIC INFO: ADDITIONAL INFORMATION

- Filing Status (Single, Married/Joint, Married/Separate, HOH): _____
- Point of Contact: _____
- How would you like to receive your completed tax return? Hard Copy, Digital Copy or Both? _____

BANK ACCOUNT INFORMATION:

- Bank Name: _____
- Routing Number: _____
- Account Number: _____
- Account Type (Checking or Savings): _____
- If taxes are due to the IRS or State, how will you be paying? ACH, Self Pay, Hard Check, Pmt Plan? _____

I have reviewed the information above, and it is true and correct.

Sign: _____

Date: _____

Dependent Information Form

Dependent #1

- Full Name: _____
- Social Security Number (Provide photocopy): _____
- Date of Birth (Provide Birth Certificate): _____
- Relationship: _____
- Months in Home: _____
- Disabled: _____
- Full Time Student (If so, where?): _____
- IRS Issued Identity Theft Protection PIN: _____
- Is this dependent required to file a tax return? _____
- Child Care Expenses
 - Name of Care Provider: _____
 - SSN or EIN: _____
 - Address: _____
 - Amount Paid: _____
- Education Expenses
 - Type of Expenses: _____
 - Amount Paid: _____

Dependent #2

- Full Name: _____
- Social Security Number (Provide photocopy): _____
- Date of Birth (Provide Birth Certificate): _____
- Relationship: _____
- Months in Home: _____
- Disabled: _____
- Full Time Student (If so, where?): _____
- IRS Issued Identity Theft Protection PIN: _____
- Is this dependent required to file a tax return? _____
- Child Care Expenses
 - Name of Care Provider: _____
 - SSN or EIN: _____
 - Address: _____
 - Amount Paid: _____
- Education Expenses
 - Type of Expenses: _____
 - Amount Paid: _____

I have reviewed the information above, and it is true and correct.

Sign: _____

Date: _____