



Client Information

Taxpayer

Name _____

SSN _____ Birthdate: _____

Phone (Work): _____

Phone (Home): _____

Phone (Cell): _____

Home Address _____

City _____

Email _____

Occupation: _____

Filing Status (Check One): Single Married Filing Joint Married Filing Separate Head of Household

Spouse

Name _____

SSN _____ Birthdate: _____

Phone (Work): _____

Phone (Home): _____

Phone (Cell): _____

State _____ **Zip** _____

Spouse Email: _____

Occupation: _____

Dependent's Name (First, Initial, Last Name)	Date of Birth	Dependent's SSN	Relationship to you	# of months in your home in '17

*If child is over 19 yrs old, was the child a full time student for at least 5 months or disabled? Yes or No

*If the biological parent is not living with the child, where is the parent? _____

*Can you provide documentation (school records, medical records, etc.) that the child lived with you for more than half of the year? Yes or No

*Can someone else claim you as a dependent? Yes or No

*Were you legally married as of December 31? Yes or No

*I am married, but separated on _____ Initial Here: _____

CHECK ALL THAT APPLY

• # of W2's _____	• Self Employment	• Social Security
• 1099-G Unemployment	• 1099R Pensions or Annuities	• 1099-INT Bank Interest
• Did you sell stock?	• 1098 Mortgage Interest	• College tuition
• Student loan interest	• Child care expense	• Real estate taxes paid
• Retirement contribution	• Child support \$ _____	• Workers comp \$ _____
	• Other household income	• _____

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE.

Signed _____

Date _____