

CLIENT INFORMATION SHEET

PLEASE TAKE A MOMENT TO COMPLETE THIS FORM (IF YOU FILED LAST YEAR, PLEASE CONFIRM ALL YOUR INFORMATION IS THE SAME)

DATE OF APPOINTMENT:

FILING STATUS: SINGLE MARRIED MARRIED FILING SEPARATE HEAD OF HOUSEHOLD WIDOW

TAXPAYER NAME (AS IT APPEARS ON SS CARD): SOCIAL SECURITY NO.:

OCCUPATION: BIRTHDATE:

TAXPAYER SPOUSE/RDP NAME (AS IT APPEARS ON SS CARD): SOCIAL SECURITY NO.:

OCCUPATION: BIRTHDATE:

REGISTERED DOMESTIC PARTNERS (RDP)? YES NO

TAXPAYER ADDRESS:

CITY: STATE: ZIP:

TAXPAYER PHONE #: SPOUSE PHONE #:

TAXPAYER EMAIL ADDRESS: SPOUSE EMAIL ADDRESS:

HEALTH INSURANCE: YES NO COVERAGE: INDIVIDUAL FAMILY

DEPENDENTS

NAME:	SSN:	DOB:	RELATIONSHIP:

DIRECT DEPOSIT INFORMATION FOR REFUND(S), IF ANY

(PLEASE PROVIDE A CANCELLED CHECK OR PROOF OF ACCOUNT INFORMATION FOR ACCURACY)

NAME OF BANK/INSTITUTION: CHECKING SAVINGS

ABA/ROUTING NUMBER:

ACCOUNT NUMBER:

ADDITIONAL INFORMATION

REFERRED BY (NEW CLIENTS ONLY):

Homeowner Renter Rental Property Other Investments
 Sole Proprietor/LLC S-Corp C-Corp Large Sale/Purchase

COMMENTS: