



CLIENT INFORMATION FORM

Full Name _____ Date of birth _____

Social Security _____ Email _____

Occupation _____ Home Phone _____ Cell Phone _____

Home Address _____ City: _____ State: _____ Zip Code: _____

ID Type: Driver License – Passport – Consular Id card – Alien Id – Green Card – Work Permit – Us Military Id – US

ID Number _____ Date Issued _____ State/country _____ Expiration _____

Are you a dependent on another return: YES or NO

Did you attend school (COLLEGE/INSTITUTE) the year you are filing taxes: YES or NO (if yes, expense amount) \$ _____

Did you have Healthcare Coverage during the Year? YES or NO
(if yes please check one) **L Obama care D Private Insurance D Medicaid, Medicare**

Language Preference: _____

Filing Status: 1. Single 2. Married Filing Jointly 3. Married Filing Separately 4. Head of Household 5. Qualifying Widower

Spouse information

Full Name _____ Date of Birth _____ Date of Dead _____

Social Security _____ Email _____

Occupation _____ Home Phone _____ Cell Phone _____

Direct Deposit Information

Bank Name _____ RT#: _____ Acct# _____
 Checking or Savings

Dependent: Qualifying Individuals and Children

First Name _____ Last Name _____ Date of Birth _____

SS# _____ Relationship _____ Months lived with you _____

First Name _____ Last Name _____ Date of Birth _____

SS# _____ Relationship _____ Months lived with you _____

First Name _____ Last Name _____ Date of Birth _____

SS# _____ Relationship _____ Months lived with you _____

First Name _____ Last Name _____ Date of Birth _____

SS# _____ Relationship _____ Months lived with you _____

Children and other qualifying individuals Qualify dependents have healthcare? YES or NO

Mark an X next to the form your filling.

W2 _____ Self- Employed _____ 1099-Nec _____ Other: _____

If you are self-employed worker, please mark and X on the document you bought to prove your income.

Bank Statement Employment Letter Summary of Income

SIGNATURE:

CLIENT: _____ **Date** _____ **Spouse** _____

I agree that the above information is true and correct, and I/We understand that the information given on this questionnaire will be used to complete my tax return(s). I/We agree to hold this company harmless for any errors that they may make on my/our tax return. We also understand that error on my/our return will cause a delay in the processing of the return and the receiver of the refund if any. In the future if you request a copy of your taxes there will be a charge.