



CLIENT INFO

Name: _____ SSN _____ - _____ - _____

Date of Birth _____ / _____ / _____ Phone Number _____

Address _____

Email _____ Spouse's Name _____

Check one W-2 Employee Self Employed

Filing Status - Single Married Filing Jointly Widow Married Filing Separate
Check one Head of Household

Are you buying a home? Yes No

Do you owe child support? Yes No

Do you have any schedule A itemized deductions? Yes No

Do you owe student loans? Yes No

Name of Next of Kin _____ Phone Number _____

Refund amount last year \$ _____

Referred by _____

I, _____, hereby state that the forgoing information is true and correct to the best of my knowledge and recollection.

Signature _____ Date _____

Spouse _____ Date _____