

Client Information Form

PLEASE PRINT LEGIBLY

TAXPAYER

FIRST NAME _____
LAST NAME _____
Social Security * _____
Date of Birth _____
Street Address _____

City/County,State Zip _____
Home Telephone (_____) _____
Work Telephone (_____) _____
Occupation _____
Filing Statuts _____

SPOUSE

_____-_____-_____
_____/_____/_____

(_____) _____
(_____) _____

- Single
- Married filing jointly
- Married filing separately
- Head of household
- Qualifying widow(er) with cependent

Email _____

DEPENDENTS

Name (First, Middle, Last)	Date of bird	Social Security Number	Relationship	Relationship
_____	___/___/___	___-___-___	_____	_____
_____	___/___/___	___-___-___	_____	_____
_____	___/___/___	___-___-___	_____	_____
_____	___/___/___	___-___-___	_____	_____
_____	___/___/___	___-___-___	_____	_____

CHILD CARE PROVIDERS

Provider Name	Address	ID#	Child cared for	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certify the information given on this form is true, correct, and complete to the best of my knowledge

Taxpayer's Signature

Date

Spouse's Signature

Date

Was refered by a friend Advertisement other _____

Tax Express