All clients are required to fill in these two forms. Thank you.

Date: ____________________

CLIENT CHECKLIST

Have we done your taxes before? Yes ____ No ____
Email: ____

Full Name: ____________________________ *D.O.B.* _______
Social Security No. ____________________________________
Spouse: ______________________________ *D.O.B.* _______
Social Security No. ____________________________________
Current Address: ______________________________________
____

Phone Numbers: Home: ___________________________
Work: ___________________________
Cell ___________________________
Change in Marital status: Yes ______ No _______
Divorced/Married/Widowed: Date of Change ____________
Home: Rent _____ (CRP) or Own _____ (Mortgage STMT)

Dependents: *(Same number as last year?) Yes____ No____*

First and Last Name	*Birthdates*	*M/F*	*Social Security#*
_______________	_______	___	_____________
_______________	_______	___	_____________
_______________	_______	___	_____________
_______________	_______	___	_____________

Childcare: *Amount spent on care* _____________
Name _________________ *SS #* _____________
Address: ____

Direct Deposit Information or Voided Check:
Routing Number _________________
Account Number _________________
Bank Name _________________

Reminders: W-2's, Bank interest, 1099's, Student expenses, deductions.
Are your parents claiming you?
Do you have any questions for us?