



CLIENT INFORMATION SHEET TAX YEAR 2024

PLEASE PRINT CLEARLY SO ALL INFORMATION CAN BE EASILY READ

H.O.H.: _____ FILING SINGLE: _____ MARRIED FILING JOINT: _____ MARRIED FILING SEPARATELY: _____
Head of Household

Spouse Information:

Last Name: _____

First Name: _____ M.I. _____

SS or T.I.N. #: _____ - _____ - _____

Occupation: _____

Date of Birth: ____/____/____

E-Mail: _____

Cell Phone: _____

Home Phone: _____ **Best Contact Phone #:** _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Spouse Information:

Last Name: _____

First Name: _____ M.I. _____

SS or T.I.N. #: _____ - _____ - _____

Occupation: _____

Date of Birth: ____/____/____

E-Mail: _____

Cell Phone: _____

Bank Account Info: Checking _____ or Savings _____ Bank Name: _____

Routing #: _____ Account #: _____

Dependent Information: ***Please provide SS cards and proof child or children reside with you***

Dependent Name (Refer to SS card)	SS #	DOB	M/F	Relationship
_____	____ - ____ - ____	____/____/____	____	_____
_____	____ - ____ - ____	____/____/____	____	_____
_____	____ - ____ - ____	____/____/____	____	_____
_____	____ - ____ - ____	____/____/____	____	_____
_____	____ - ____ - ____	____/____/____	____	_____

Any additional dependents please list on back side of this form.

By signing below, you understand your personal tax return is prepared based upon the information that you provide to us. It is our goal to make sure that you understand how it is prepared, and to make sure you receive the great service you will come to expect from our company. When presented with your completed tax return, please review all information to make sure that there are no omissions or misstatements of material facts and income. We suggest that you keep your receipts and documentation for up to seven (7) years. We value your business and appreciate your continued support!

Signature: _____ Date: _____