

Client Personal Information

Taxpayer

Spouse

First Name & M/I _____

Last Name _____

Home Address _____ Apt _____

City, State, Zip Code _____ -

Home Phone - -

Business Phone - -

Cell Phone - -

Personal E-mail Address

Personal E-mail Address

Social Security Number - -

Date of Birth / /

Date of Death / /

Occupation _____

Blind Yes No Yes No

Dependent of Another Yes No Yes No

Presidential Election Fund Yes No Yes No

Do you authorize the IRS and state tax department to discuss your return with this tax preparer if necessary? Yes No

Dependents X if full-time student

Name/Relationship _____

SSN / Date of Birth - - / /

Name / Relationship _____

SSN / Date of Birth - - / /

Name / Relationship _____

SSN / Date of Birth - - / /

Name / Relationship _____

SSN / Date of Birth - - / /