

CLIENT PROFILE

DATE: _____

ARE YOU A NEW CLIENT? YES NO

TAXPAYER

LAST: _____ FIRST: _____ MI: _____

SOC SEC NO: _____ OCCUPATION: _____

DATE OF BIRTH: _____ *EMAIL*: _____

CELL#: _____ WORK#: _____ HOME#: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

SPOUSE

LAST: _____ FIRST: _____ MI: _____

SOC SEC NO: _____ OCCUPATION: _____

DATE OF BIRTH: _____ *EMAIL*: _____

CELL#: _____ WORK#: _____ HOME#: _____

DEPENDENTS

FIRST	MI	LAST	SSN	RELATION	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDITIONAL INFORMATION

CHILDCARE PROVIDER: _____ PHONE#: _____ EIN/SSN: _____

ADDRESS: _____ CITY/ST/ZIP: _____ AMOUNT PAID: _____

EDUCATION: DID YOU OR ANYONE IN YOUR FAMILY ATTEND COLLEGE LAST YEAR? YES NO

HEALTH CARE: DO YOU HAVE HEALTH COVERAGE? YES NO DID YOU PAY FOR HEALTHCARE? YES NO

REFUND OPTIONS

- DIRECT DEPOSIT OR CHECK THROUGH IRS FILING (**TAX PREPARER FEES PAID, UPFRONT, BY YOU**)
- DIRECT DEPOSIT OR CHECK THROUGH BANK (**TAX PREPARER FEE DEDUCTED FROM YOUR REFUND**)

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

TAX PAYERS SIGNATURE: _____ DATE: _____