

# CLIENT PROFILE

DATE \_\_\_\_\_

ARE YOU A NEW CLIENT? **YES / NO**

## TAXPAYER

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

SOC SEC NO: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ \*E-MAIL\*: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## SPOUSE

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

SOC SEC NO: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ \*E-MAIL\*: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## DEPENDENTS:

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

## CHILDCARE PROVIDER

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EIN/SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_ FEE: \_\_\_\_\_

## REFUND OPTIONS



DIRECT DEPOSIT OR CHECK THROUGH **IRS FILING** (*TAX PREPARER FEES PAID BY YOU*)

DIRECT DEPOSIT OR CHECK THROUGH **BANK** (*TAX PREPARER FEES DEDUCTED FROM REFUND*)

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

TAXPAYERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*REVIEWED AND QUESTIONED BY TAX PREPARER*

TP INITIALS: \_\_\_\_\_