

# 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## CHILDCARE PROVIDER

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

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

**Did you or your spouse take any College or Vocational Courses last year?** \_\_\_\_\_

## 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: \_\_\_\_\_

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

REVIEWED AND QUESTIONED BY TAX PREPARER