****

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **TAXIMUM CLIENT DATA SHEET** |

**TAXPAYER**

Full Name  *New Customer* *Returning Customer*

Date of Birth   /  /     Social Security Number:    -  -

Occupation      

Email Address

**­­**

**SPOUSE**

Full Name

Date of Birth   /  /     Social Security Number:    -  -

Occupation      

**ADDRESS**

Street

City       State       Zipcode

**CONTACT INFO**

Home phone #    -   -     Cell #    -   -

*Best time we can contact you*:  Daytime  Evening  Weekend

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependents** | **Date of Birth** | **Social Security #** | **Relationship** | **Months living in your home** |
|  | /    / | -  - |  |  |
|  | /    / | -  - |  |  |
|  | /    / | -  - |  |  |
|  | /    / | -  - |  |  |

|  |  |  |
| --- | --- | --- |
| Do you own a small business or do any other work for pay? | YES | NO |
| Did you pay for child care? | YES | NO |
| Do you own your home? | YES | NO |
| Did you pay any qualify educational expenses out of pocket? | YES | NO |

*My signature below affirms information disclosed to be correct to the best of my knowledge:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1/13/2014*

*Signature Date*