****

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |   | **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*