



TAXIMUM CLIENT DATA SHEET

TAXPAYER: Full name _____

Date of birth _____/_____/_____

Social Security Number _____-_____-_____

Occupation _____

New Customer Returning Customer
Check One

Email Address _____

SPOUSE (if applicable): Full name _____

Date of birth _____/_____/_____

Social Security Number _____-_____-_____

Occupation _____

New Customer Returning Customer
Check One

Email Address _____

Street Address _____

City _____

State _____

Zip code: _____

Home phone number _____

Cell number _____

Best time we can contact you: Daytime Evening Weekend

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

Did you pay for child care? YES NO
Do you own a small business or do any other work for pay? 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:

Signature

Date