TAXIMUM CLIENT DATA SHEET

TAXPAYER

_____
Full Name

_____/_____/_____ _____
Date of Birth Social Security Number

_____ *Check One:* ◯ New Customer
Occupation ◯ Returning Customer

_____
Email Address

SPOUSE

_____
Full Name

_____/_____/_____ _____
Date of Birth Social Security Number

_____ *Check One:* ◯ New Customer
Occupation ◯ Returning Customer

ADDRESS

_____
Street

_____ _____ _____
City State Zipcode

CONTACT INFO

_____ _____
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

Do you own a small business or do any other work for pay?	select:
Did you pay for child care?	select:
Do you own your home?	select:
Did you pay any qualify educational expenses out of pocket?	select:

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

_____ _____
Signature *Date*

CLEAR FORM