

CLIENT INFORMATION

FILING STATUS: MFJ___ MFS___ SINGLE___ HOH___ - OTHER HEADS OF HOUSE IN THIS HOUSEHOLD? Y / N

TAXPAYER NAME: _____ PIN* _____

SSN: _____ DOB: _____ OCCUPATION: _____

SPOUSE NAME: _____ PIN* _____

SSN: _____ DOB: _____ OCCUPATION: _____

STREET ADDRESS: _____ COUNTY: _____

CITY, STATE, ZIP: _____

HOME PHONE (TAXPAYER): _____ (SPOUSE): _____

CELL PHONE (TAXPAYER): _____ (SPOUSE): _____

Check box to opt in to receive text messages. Regular rates apply. You may opt out at any time by replying **STOP**.

☐ TAXPAYER

☐ SPOUSE

WORK PHONE (TAXPAYER): _____ (SPOUSE): _____

E-MAIL (TAXPAYER): _____

E-MAIL (SPOUSE): _____

DEPENDENTS:

FULL NAME: _____ DOB: _____

SSN: _____ RELATIONSHIP: _____ DISABLED : _____ STUDENT: _____

FULL NAME: _____ DOB: _____

SSN: _____ RELATIONSHIP: _____ DISABLED : _____ STUDENT: _____

FULL NAME: _____ DOB: _____

SSN: _____ RELATIONSHIP: _____ DISABLED : _____ STUDENT: _____

FULL NAME: _____ DOB: _____

SSN: _____ RELATIONSHIP: _____ DISABLED : _____ STUDENT: _____