



Client Information Form

Taxpayer Information

First	Middle Initial	Last
Social Security Number	Birthdate	Phone Number
Address		
Email Address		

Spouse Information

First	Middle Initial	Last
Social Security Number	Birthdate	Phone Number
<input type="checkbox"/> Same as Above or Address		

Dependent Information

First	Middle Initial	Last
Social Security Number	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female
First	Middle Initial	Last
Social Security Number	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female
First	Middle Initial	Last
Social Security Number	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Additional page of dependents		

Taxpayer Signature	Date	Spouse Signature	Date
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Information Reviewed (Initial and Date)

2020

2021

2022

2023

2024