

NEW CLIENT INFO SHEET

CLIENT ID # _____ YEAR _____ DATE _____

NAME _____ SS # _____ DOB _____

OCCUP: _____ SPOUSE OCCUP: _____ 65 OR OVER _____ BLIND _____

SPOUSE: _____ SS # _____ DOB _____

ADDRESS: _____

PH (H) _____ CELL _____ EMAIL _____

COUNTY/TWP: _____ SCHOOL DIST NAME & CODE _____

E-FILE YES _____ NO _____ ACCT. # _____ ROUTING # _____ ACCT. TYPE _____

FILING STATUS: MUST BE CHECKED DIRECT DEPOSIT Y _____ N _____ BANK NAME _____

SINGLE _____ MFJ _____ MFS _____ BLANK VOIDED CHECK PROVIDED _____

SURVIVING WIDOW(ER) _____ HOH _____ MISC. INFO: _____

DEPENDENTS: (Children living w/you 18 or younger; if the child is between 19-23 and attends school full time place an "S" after name)

1. _____ DOB _____ S.S. # _____

2. _____ DOB _____ S.S. # _____

3. _____ DOB _____ S.S. # _____

4. _____ DOB _____ S.S. # _____

5. _____ DOB _____ S.S. # _____

EST PAYMENTS MADE: FEDERAL _____ STATE _____ LOCAL _____

DO WE HAVE ALL W-2'S Y _____ N 1098 _____ Y _____ N 1099 _____ Y _____ N _____

OTHER INCOME SOURCES YES _____ NO _____ IF YES, PLEASE LIST OTHER SOURCE(S) _____

MISC: _____
