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: _____