

CLIENT INFORMATION SHEET

TAXPAYER LAST NAME	FIRST NAME				
SSN:	DATE OF BIRTH				
SPOUSE LAST NAME	FIRST NAME				
SSN:	DATE OF BIRTH		TELEPHONE NUMBER		
ADDRESS					
CITY	STATE	ZIPCODE			
DEPENDENT NAME (First/Last) eg. Samuel. SMITH	DATE OF BIRTH eg. 01/01/2020	SSN/ITIN eg. 555-55-5555	HOW RELATED eg. Son/Daughter	MTHS LIVED IN eg. 9 months	
	CIRCLE ALL TH	IAT APPLY		1	
W2 - WAGES	1099-INT - INTEREST INCOME		CHARITABLE CONTRIBUTIONS		
1099-MISC	1099-DIV - DIVIDEND INCOME		PROPERTY TAXES		
1099-NEC (NON EMP. COMP.)	1099-R - PENSION/RETIREMENT		1098 - MORTGAGE INTEREST		
1099-B - SHARES/STOCK S	1099-SSA - SOCIAL SECURITY		MORTGAGE POINTS PAID		
MOVING EXPENSES (MILITARY)	MINERAL RIGHTS INCOME		MEDICAL EXPENSES		
1099-G - UNEMPLOYMENT	TIPS/OTHER INCOME		TAX PREPARATION EXPENSE		
ALIMONY (AGMT PRIOR 1/1/2019)	FARM INCOME		BOUGHT/SOLD PROPERTY		
EDUCATION EXPENSES	RENTAL PROPERTY INCOME		W2-G - GAMBLING INCOME		
	CHILD CARE INF	ORMATION			
PROVIDERS NAME		EIN/SSN			
PROVIDERS ADDRESS		AMOUNT PAID \$			
I CERTIFY THAT I WOULD LIKE MY	TAXES PREPARED AC	CCORDING TO THE	INFORMATION I SUPP	PLIED ABOVE	
TAXPAYER SIGNATURE			DATE		
SPOUSE SIGNATURE			DATE		