Client Information

1. Personal Information

	Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					

Street Address	City	State	Zip Code	Home/Cell #

Email Address

	Taxpayer		Spouse		Marital Status	
Blind	☐ Yes	☐ No	☐ Yes	☐ No	☐ Married	Will file jointly ☐ Yes ☐ No
Disabled	☐ Yes	☐ No	☐ Yes	☐ No	☐ Single	
Pres. Campaign Fund	☐ Yes	☐ No	☐ Yes	☐ No	☐ Widow(er), Date of Spouse's Death _____	

2. Dependents (Children & Others)

Name (First, Middle, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income