

GENERAL CLIENT INFORMATION

Client # _____

Tax Year _____

BASIC INFORMATION

TAXPAYER

SPOUSE

First name, middle initial _____

Last name _____

(if different)

Social Security # _____

Primary occupation _____

Date of birth _____

Date of death
(if applicable) _____

Citizenship, if not US _____

Check if dependent of another taxpayer

Name of taxpayer _____

Relationship _____

Check if legally blind

ADDRESS

Mailing address:

Address _____

Address _____

City _____ State _____ Zip code _____

Primary residence

If different from mailing address:

Address _____

Address _____

City _____ State _____ Zip code _____

Other address:

Address _____

Address _____

City _____ State _____ Zip code _____

Comments:

COMMUNICATIONS

TAXPAYER

SPOUSE

Home telephone # _____

Work telephone # _____ Ext _____

_____ Ext _____

Fax telephone # _____

Email address: _____

Car telephone # _____

Pager/beeper # _____

If you will be out of town during the period February 15th through April 15th, please provide mailing and telephone instructions:

Period away from: _____
to: _____

Mailing address:

Address _____

Address _____

City _____ State _____ Zip code _____

Telephone # _____