

CLIENT INFORMATION FORM



- Although, you are not required to fill out the form below, the more detailed information you provide here can prevent delays and expedite the completion of your tax return.
- Please provide any documentation (W2s, etc.) related to the information provided below.
- If any section or item does not apply to you, please write "N/A" as appropriate.

General Information

Tax Year _____

Name (Taxpayer) _____	SS # _____	Date of Birth _____	Occupation _____
Name (Spouse) _____	SS # _____	Date of Birth _____	Occupation _____
Address _____	City _____	State _____	Zip Code _____
Phone (Cell) _____	Phone (Home) _____	Phone (Work) _____	
Email (Personal 1) _____	Email (Personal 2) _____	Email (Work) _____	

Dependent Information

Name	SS #	Date of Birth	Relationship to Taxpayer	Time Lived in Household	Dependent Had Income during tax year?
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	_____	\$ _____
7. _____	_____	_____	_____	_____	\$ _____

Income

Source of Income (1099s, social security/disability, State or Local Income Tax Refunds, Scholarships)	Amount	Interest Income	Amount	Dividend Income	Amount
1. _____	\$ _____	1. _____	\$ _____	1. _____	\$ _____
2. _____	\$ _____	2. _____	\$ _____	2. _____	\$ _____
3. _____	\$ _____	3. _____	\$ _____	3. _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____	4. _____	\$ _____
5. Other (Describe) _____	\$ _____	5. _____	\$ _____	5. _____	\$ _____

Medical Expenses

Interest Expense

Health Insurance Premium Payments	Yes / No	\$ _____	Home Mortgage Interest	Yes / No	\$ _____
Medicare Premium Payments	Yes / No	\$ _____	2nd Mortgage Interest	Yes / No	\$ _____
Out of Pocket Doctor and Dental payments	Yes / No	\$ _____	Equity Line of Credit Interest	Yes / No	\$ _____
Prescription medication	Yes / No	\$ _____	Mortgage Insurance Premium	Yes / No	\$ _____
Hospital and Lab fees	Yes / No	\$ _____	Points paid (Purchase/Refinancing)	Yes / No	\$ _____
Transportation (_____ miles) and Lodging	Yes / No	\$ _____	Student Loan Interest Payment	Yes / No	\$ _____
Glasses and Contacts	Yes / No	\$ _____	Investment Interest Payment	Yes / No	\$ _____
Hearing Aids	Yes / No	\$ _____			
Other:	Yes / No	\$ _____			

