Client Information Sheet - Current Client

Taxpayer Name	Spouse Name		
Has there been any changes to job titles? If so ple	ease list them:		
Address	County		School Dist
Has there been any changes to marital status?	Yes - Please explain		
Phone #	Residency: Full year		Date of move
Email			
Dependent Name/Relationship	Social	Security #	Date of Birth
Please provide a co	opy of SS Card and Birth Cert	ificate for all ch	ildren
We also request a school record, medical reco required if you are o	claiming Head of Household		
If you renewed your license in 2020 - to present,	please fill in the new inform	ation below:	
Тахрау	<u>er</u>		<u>Spouse</u>
Divers License Number			
Issue Date of DL			
Expiration Date of DL			
ID code on License			
(on back of new licnese, lower right corner of old	license)		
Ē	Refunds or Balance Due Opti	<u>ons</u>	
Refund Direct deposit to your ba	ink (2-4 weeks)		
Routing Number		Account Numbe	er
Paper check (6-8 weeks)			
Balance DueElectronic Funds Withdra	awal (to be done on	, 202	3)(fill in acct info above)
Pay by voucher/check by	4/15/23		
	Charitable Contributions		
Cash/Check/CCNon @	Cash Donations (detailed list	required)	

Did you have any transactions with virtual currancy? If so please contact me