

Client Info:

Spouse Info:

Name _____
First Middle Last

Name _____
First Middle Last

Social Security No. _____ - _____ - _____

Social Security No. _____ - _____ - _____

Date of Birth _____ / _____ / _____
Month Day Year

Date of Birth _____ / _____ / _____
Month Day Year

Cell Phone No. _____

Cell phone No. _____

Address _____ # _____

City _____ State _____ Zip _____

EMAIL _____

EMAIL _____

Dependents and Child Care Information / Earned Income Credit

1. Name _____
First Middle Last

Son Daughter

Date of Birth _____ / _____ / _____ Social Security No. _____ - _____ - _____
Month Day Year

2. Name _____
First Middle Last

Son Daughter

Date of Birth _____ / _____ / _____ Social Security No. _____ - _____ - _____

3. Name _____
First Middle Last

Son Daughter

Date of Birth _____ / _____ / _____ Social Security No. _____ - _____ - _____

By **initialing** _____ I am liable for any information needed or given to prove eligibility to claim the dependents on my tax return

If dependents are other than son or daughter, do you have proof of support? (YES) or (NO)

What do you have for proof of support for these children? _____

Why are the parents not claiming the children? _____

Direct Deposit Information

Type of Account (Check One): Checking Savings Bank Name _____

Routing No. _____ Account No. _____

I agree to be held completely liable for the manner in which my Tax Return was completed. All information on this return is true and accurate according to the information provided by me to the tax preparer. I agree to hold the tax preparer harmless from any examination and possible reversal on these issues.

Client Signature **Date**

Spouse Signature **Date**