



# CLIENT INFORMATION SHEET

Filing Status:  Single  Married  Married Filing Separate  Head of Household  Qualifying widower

Full year IL resident?  Yes  No Other states lived in \_\_\_\_\_ Date moved to IL \_\_\_\_\_

## 1. TAXPAYER/SPOUSE INFORMATION

**FULL NAME** (as shown on social security card): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

**SPOUSE FULL NAME** (as shown on social security card): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

\*\*\*\* Email Address: \_\_\_\_\_

## 2. DEPENDENTS

	<b>Dependent's Name</b> (as shown on ss card)	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Months in Home</b>	<b>Relationship</b>
1					
2					
3					
4					

**3. HEALTH INSURANCE?**  Group policy  Individual policy  Medicare/Medicaid  No coverage

Months Covered **All** or Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

## 4. REFUND

Direct deposit into checking or savings (Specify checking or savings acct):

Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

## SIGNATURE

All information I have given is true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_