



CLIENT INFORMATION SHEET

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: _____

Email Address: _____

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone : _____

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

2. DEPENDENTS

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

3. HEALTH INSURANCE COVERAGE? Group policy Individual policy No coverage
We must have proof of any policy

4. REFUND

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

Bank Name _____ Routing # _____ Bank Account # _____

Mail refund check to my home

5. RETURN COPY - Please specify how you like to receive your tax return back: **NEW!**

Paper Copy CD-Rom Email make sure we have your current email address.

6. SIGNATURE

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

SIGNATURE: _____

DATE: _____