

2019-2020 Tax Year



Client Data Sheet

Taxpayer's Full Name:	
Social Security Number:	
Date of Birth:	
Your Current Address:	
Phone Number:	Email Address:
Occupation:	
Spouse's Full Name (if married):	
Spouse's Social Security Number:	
Spouse's Date of Birth:	
Spouse's Current Occupation:	

Can you be claimed as a dependant on someone else's taxes? (Ex. Parents) ___ YES
___ NO Will you claim any dependants? ___ YES ___ NO

Dependant #1
Full Name:
Relationship to Taxpayer:
Social Security Number:
Date of Birth:
Dependant #2
Full Name:
Relationship to Taxpayer:
Social Security Number:

Date of Birth:

Dependant #3

Full Name:

Relationship to Taxpayer:

Social Security Number:

Date of Birth:

