

All About Numbers
Individual Tax Client Form

****Please print clearly****

Date: _____

Name: _____ Date of Birth: _____

SSN: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work #: _____

Cell #: _____

Email

Address: _____

Spouse's Name: _____ Date of Birth: _____

SSN: _____ Occupation: _____

Work #: _____ Cell #: _____

Email

Address: _____

Do you wish to file jointly? **Y N** Please be aware this means you will both be jointly and severable liable related to this return now and in the future. Married Filing Separate protects against this liability but also takes away many tax benefits and usually results in a higher combined tax liability.

Can you be claimed as a dependent by another taxpayer? Y N

Are you a new client to our office: No Yes

If yes, how did you hear about us? Please check one

Facebook Instagram Dave Ramsey Yelp

Referred by _____

(We will thank them with \$25 if your fee is \$200 or more)

Other: _____

PLEASE SEE REVERSE SIDE IF CLAIMING DEPENDENTS

Office Use Only: Practice updated _____ UT updated _____

Please complete this chart for any persons who lived in your home at any time during the current tax year, other than you (and your spouse if applicable). This will help us determine the correct filing status for you, as well as assist with determining various tax credits for you. Please also include others for whom you provide support. **If you are a new client, please provide each dependent's Social Security Card.**

Name/SSN	Born in the USA?	Birthdate	Relationship	How much was this person's income?	# Of Months in your home*?	Are you claiming them**?

*Count months away for temporary absence such as school, camp, visiting others as if the person were with you. **Even if you do not actually claim the person, if you have the right to claim them, please check this box

Office Use Only: Practice updated_____ UT updated_____