

Client Information Sheet

	First Name & Initial				Last Name				Social Security No.		
Taxpayer											
Sp	ouse										
	Occupation			Date		of Birth Home Pho		9	Cell Phone		
Taxpayer											
Sp	ouse										
Street Address											
Cit	ty		State		Zip			County			
En	nail Add	ress		School I				District			
Filing Status (please circle one)											
	Single	Married filing joint M		Married f	larried filing separate			Head of Household		Qualifying Widower	
Dependent Information ** SOCIAL SECURITY CARD(S) & NUMBER(S) ARE REQUIRED**											
		Full Name	Date	e of Birth	Social Security Nu		y Number	Relation	ship	Months in Home	
1											
2											
3											
4											
5											
6											
7											
Diver License or State ID Information **Required by State of Ohio**											
Та	xpayer	License #	Issue [Issue Date				Expiration Date			
Spouse		License #	Issue [Issue Date				Expiration Date			

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