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WWW.DISCOUNTTAXPREPARATION.COM

CLIENT INFORMATION SHEET

DATE: _____

TAXPAYER INFO

FIRST NAME _____ M.I. _____

LAST NAME _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

OCCUPATION _____

EMPLOYER _____

WORK PHONE _____

CELL PHONE _____

E-MAIL _____

SPOUSE INFO

FIRST NAME _____ M.I. _____

LAST NAME _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

OCCUPATION _____

EMPLOYER _____

WORK PHONE _____

CELL PHONE _____

STREET ADDRESS _____

CITY _____ ST _____ ZIP _____ HOME PHONE _____

YEARS MARRIED TO CURRENT SPOUSE _____

ANY PRIOR MARRIAGES? (IF YES, NAME AND THE YEARS MARRIED)

DEPENDENTS (ONLY IF YOU ARE TAKING THEM AS A DEPENDENT ON YOUR RETURN)

NAME (FIRST, INITIAL, LAST)	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP