

Client Information

Please attach, signed & dated, to your tax paperwork

Personal Information

Taxpayer :	Mr. Mrs. Ms. Dr. Jr. Sr.	Spouse :	Mr. Mrs. Dr. Jr. Sr.
Last Name		Last Name	
First Name		First Name	
Middle Initial		Middle Initial	
Social Security No.		Social Security No.	
Occupation		Occupation	
Date of Birth (mm/dd/yyyy)		Date of Birth (mm/dd/yyyy)	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Fax		Fax	
Home Phone		Home Phone	
Blind	YES NO	Blind	YES NO
Resident State	FL OTHER	Resident State	FL OTHER
Full year resident	YES NO	Full year resident	YES NO
State Returns (CA,NY etc)		State Returns (CA,NY etc)	
Previous Filing Status	S MFJ MFS HOH W	Previous Filing Status	S MFJ MFS HOH W
E-mail Address		E-mail Address	

Address _____ Apt. No _____

City _____ State _____ ZIP Code _____

Dependent Information

Name	MI	Social Security #	Date of Birth MM/DD/YY	Relationship	Months lived with taxpayer	Education Tuition, fees Yes/No

Business Information

Business Name _____ DBA _____

Employer I.D. # _____ Phone _____ Fax _____

Address _____

City, State, Zip _____

SIGNATURE _____ **DATE** _____