CLIENT INFORMATION PROFILE

Primary Taxpayer's Name	Social Security Number	Date of Birth

Primary Address	Occupation	Blind/Disabled?

Spouse's Name	Social Security Number	Date of Birth

Spouse's Address (if different)	Occupation	Blind/Disabled?

Taxpayer Phone Number	Taxpayer Email Address

Spouse Phone Number	Spouse Email Address

Marital Status

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Your Home

☐ Own ☐ Rent

If Widowed, Date of Spouse's Death	If Separated, Spouse's Social Security No.	If Separated, Date of Separation

Health Insurance - Were you or any members of your household:

☐ Covered by a qualified private, employer based or government insurance Plan?

☐ Enrolled in a health insurance plan through the federal or state marketplace?

Dependent Information

1) Name	SSN	Relationship	Date of Birth	Student?	Disabled?

2) Name	SSN	Relationship	Date of Birth	Student?	Disabled?

3) Name	SSN	Relationship	Date of Birth	Student?	Disabled?

4) Name	SSN	Relationship	Date of Birth	Student?	Disabled?

Child and Dependent Care

Provider's Name	Provider's Address	Phone No.	EIN or SSN

Provider's Name	Provider's Address	Phone No.	EIN or SSN

Direct Deposit Information

☐ Checking Account ☐ Savings Account

Bank Name	Routing Number	Account Number

Fraud Protection

Taxpayer's Name	Driver's License Number	State	Effective Date	Expiration Date

Spouse's Name	Driver's License Number	State	Effective Date	Expiration Date