



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?
Best Phone Number () - - - - -	Email Address	
Marital Status	Your Home	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Own <input type="checkbox"/> 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?
- NOT** Enrolled in a health insurance plan during the year?

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

Fraud Protection

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