

# 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			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?

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