



CLIENT DATA SHEET

This form is to assist you in gathering your income and tax information. Please fill this form out completely, even if you are a prior year client, to ensure that all data is correct and up to date.

Filing Status:

- ❖ Single
- ❖ Married Joint
- ❖ Married Separate
- ❖ Head of Household
- ❖ Qualifying Widower

❖ **Identity Protection Pin If Applicable:** _____

Name: _____

Spouse Name: _____

Occupation: _____

Spouse Occupation: _____

Social Security #: _____

Spouse SS#: _____

Driver's License/State ID #: _____

Spouse Driver License/State ID #: _____

Issue Date: _____ Expiration Date: _____

Issue Date: _____ Expiration Date: _____

Birth Date: _____

Birth Date: _____

Address: _____ APT# _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Months at Current Address: _____

Months at Current Address: _____

States Lived In: _____ ; _____ ; _____

All New York State's Taxpayer's please type your Document ID # found on the BACK of your New York State's Driver's License or ID Card: _____ (confused? We'll help you)

Dependents (List youngest first) List by First, Middle Initial & Last Name	Social Security#	Date of Birth (mm-dd-yyyy)	Relationship	College Student	Disability