

TAX CLIENT INFORMATION SHEET

New Clients: We will need to copy you and your spouse's drivers licenses.

Filing Status: Single Married filing jointly Married filing separately Head of Household Qualifying Widow(er)			
TAXPAYER NAME:		SPOUSE NAME:	
PHONE NUMBER:		PHONE NUMBER:	
EMAIL:		EMAIL:	
DATE OF BIRTH:		DATE OF BIRTH:	
SOCIAL SECURITY:		SOCIAL SECURITY:	
OCCUPATION:		OCCUPATION:	

Address:

DEPENDANTS NAMES (First, MI, Last)	DATE OF BIRTH	SOCIAL SEC.	RELATIONSHIP	MONTHS LIVED IN YOUR HOME DURING 2017

Did your personal residence flood in 2016? _____

Did you have health insurance in 2017? _____

If any dependent children did NOT live with you, write child's name here: _____

If you have a refund and would like it to be direct deposited to your bank account, please provide account number and routing number or a voided check.

Routing #	
Account #	

For ELCPA Staff Use

	Date/Initials		Date/Initials		Date/Initials
Date/Time in Office:	<input style="width: 100%;" type="text"/>	Date on Hold:	<input style="width: 100%;" type="text"/>	Client Called:	<input style="width: 100%;" type="text"/>
Scanned:	<input style="width: 100%;" type="text"/>	Prep Complete:	<input style="width: 100%;" type="text"/>	Client Picked Up:	<input style="width: 100%;" type="text"/>

Notes: