# 2015 Client Tax Information & Checklist

Please complete the informational section of this form prior to your appointment and please make note of what information you should bring with you.

Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Social Security No.** | **Date of Birth** | **Occupation** | **Work Phone** |
| **Taxpayer** |  |  |  |  |
| **Spouse** |  |  |  |  |
| **Street Address** | **City** | **State** | **Zip Code** | **Home Phone** |
| **Mailing Address** | **City** | **State** | **Zip Code** | **Email Address** |
| **Name of Bank** | **Bank Acct. No.** | **Routing No.** | **Checking/Savings** |  |

Background Information

1. Did we file your return last year? ⎕ Yes ⎕ No

If no, please provide a copy.

1. Do you have any foreign bank accounts?

 ⎕ Yes ⎕ No

Filing Status

⎕ Single ⎕ Married, Filing Jointly ⎕ Married, Filing Separately

⎕ Head of Household ⎕ Qualifying Widow

Dependents

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Social Security No.** | **Birth Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |