

Please complete 1 form for each year filing

Client Information Form

Date

Returning
Client

New
Client

Year Filing

Dependent of Another

Yes

No

Full Time Student

Yes

No



Filing Status

Single

Head of
Household

Married Filing
Joint

Married Filing
Separate

Taxpayer did not live with spouse

Last 6 months
of Year

At All

Primary Filing Info

Social Security Number

Name

Date of Birth

Occupation

Phone

E-Mail

Drivers License / State ID #

Date Issued

Date Expires

Address

City, State, Zip

Name of School District

Spouse Info

Social Security Number

Name

Date of Birth

Occupation

Phone

E-Mail

Drivers License / State ID#

Date Issued

Date Expires

Complete if different than Primary Filer

Address

City, State, Zip

Dependents Name(s) (If none, leave blank): Relationship Date of Birth Social Security #

Direct Deposit Yes No

Routing #

Checking Savings

Account #

Please write additional notes, comments, or changes on back of form • Email form and tax documents to jtaxfs@gmail.com