

Please complete 1 form for each year filing

John's Tax & Financial Services  
728 W 11 Mile Rd  
Madison Heights, MI 48071

**Client Information Form**



Date

Year Filing

Returning Client

New Client

Dependent of Another

Yes

No

Full Time Student

Yes

No

Filing Status

Taxpayer did not live with spouse

Single

Head of Household

Married Filing Joint

Married Filing Separate

Last 6 months of Year

At All

**Primary Filing Info**

**Spouse Info**

Social Security Number

Social Security Number

Name

Name

Date of Birth

Date of Birth

Phone

Phone

Address

Address (If different than Primary Filer)

City, State, Zip

City, State, Zip

Drivers License #

Drivers License #

Date Issued

Date Expires

Date Issued

Date Expires

Dependents Name(s) (If none, leave blank):

Date of Birth

Social Security #

Direct Deposit

Yes

No

Changes/Comments

Routing #

Account #

Checking

Savings

Email form and tax documents to [jtaxfs@gmail.com](mailto:jtaxfs@gmail.com)