

NEW CLIENT INFORMATION SHEET

1. TAXPAYER/SPOUSE INFORMATION

FULL NAME (as shown on social security card): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Occupation: _____

SPOUSE FULL NAME (as shown on social security card): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Occupation: _____

Filing Status: Single Married Married Filing Separate Head of Household Qualifying widower

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Full year IL resident? Yes No Other states lived in _____ Date moved to IL _____

2. DEPENDENTS

	Dependent's Name (as shown on ss card)	Social Security Number	Date of Birth	Months in Home	Relationship
1					
2					
3					
4					

3. REFUND

Direct deposit into checking or savings (Specify checking or savings acct):
Bank Name _____ Routing # _____ Bank Account # _____

Mail refund check to my home

4. SIGNATURE

All information I have given is true and correct to the best of my knowledge.

SIGNATURE: _____

DATE: _____