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## CLIENT INFORMATION SHEET

**Filing Status:** (circle one)     Single     Married     Married Filing Separate     Head of Household

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

**TAXPAYER** 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: \_\_\_\_\_

### ADDRESS

Street Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_    Phone Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

**Banking**    checking or savings (Circle One) Attach a copy of check for our files

Bank Name \_\_\_\_\_    Routing # \_\_\_\_\_    Bank Account # \_\_\_\_\_

### DEPENDENTS

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

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_