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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: _____