CLIENT INFORMATION SHEET

WELLEN TAX

www.wellentax.com

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:**_____

Preferred Form of Contact:(circle one)   Phone   Text   Email

Phone Number: _____**Phone Number:**_____

EMAIL Address: _____

DEPENDENTS

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

REFUND   Direct deposit into **checking** or **savings** (Circle One)

Bank Name_____ Routing #_____ Bank Account #_____

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

SIGNATURE:_____   DATE:_____