

# MASTER TAX Client Information Sheet

## I. TAXPAYER/SPOUSE INFORMATION

**FULL NAME** (as shown on social security card): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: MM \_\_\_ DD \_\_\_ YEAR \_\_\_\_\_

Occupation: \_\_\_\_\_

**SPOUSE FULL NAME** (as shown on social security card): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: MM \_\_\_ DD \_\_\_ YEAR \_\_\_\_\_

Occupation: \_\_\_\_\_

**MARITAL STATUS** (circle one):      Single      Married      Separated      Head of Household  
     (Not Married)      (Legally)      (Not living together)      (NOT married, child living w/you)

**STREET ADDRESS** : \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

Taxpayer Daytime Phone #: (     )     -                      Spouse Daytime Phone #: (     )     -

Taxpayer Evening Phone #: (     )     -                      Spouse Evening Phone #: (     )     -

Taxpayer Cell Phone #: (     )     -                      Spouse Cell Phone #: (     )     -

Taxpayer e-mail: \_\_\_\_\_ Spouse e-mail: \_\_\_\_\_

## II. EXEMPTIONS - Please complete the following *if* applicable: \*Required if you have a child.

(We will need a copy of each SS card(s), if not already on file.)

|           | * Name (as shown on SS Card) | * Date of Birth | * Social Security Number | * Relationship to TP | Months in home this year |
|-----------|------------------------------|-----------------|--------------------------|----------------------|--------------------------|
| Dependent |                              |                 |                          |                      |                          |
| Dependent |                              |                 |                          |                      |                          |
| Dependent |                              |                 |                          |                      |                          |
| Dependent |                              |                 |                          |                      |                          |

## III. SIGNATURE

\*All information I have given is TRUE and CORRECT to the best of my knowledge. I understand that if I choose NOT to complete the return, upon the tax information being input into the computer by a TAX PREPARER, there WILL BE a charge of \$50.00 which will be considered a consultation fee.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Who may we thank for referring you to Master Tax?** (please circle one)

- Referral*      *Refer-a-Friend (with coupon)*      *Sign/location*      *New Home Owner*  
*Website*      *Lost Client*      *Previous Client*      *Internet*