

# Charlie's Tax Service

## Client Information Checklist

Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ DOB: \_\_/\_\_/\_\_

Filing Status: Single \_\_\_ MFJ \_\_\_ MFS \_\_\_ HOH \_\_\_ Qualifying Widow(er) \_\_\_

Driver Lic #: \_\_\_\_\_ Issue Date: \_\_/\_\_/\_\_ Expire date: \_\_/\_\_/\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ DOB: \_\_/\_\_/\_\_

Driver Lic #: \_\_\_\_\_ Issue Date: \_\_/\_\_/\_\_ Expire date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_

### Dependent Info: (Ask for copy of SS card and/or Birth Certificate)

Name: \_\_\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ DOB: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ DOB: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ DOB: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ DOB: \_\_/\_\_/\_\_

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_

Cash Donations to Charities: \$ \_\_\_\_\_

Real Estate Property Taxes paid: \$ \_\_\_\_\_ Property Index Number (PIN): \_\_\_\_\_

Adjoining lot(s) PIN: \_\_\_\_\_

Market Place Health Insurance? \_\_\_ Have 1095-A Form? \_\_\_

Do you have rental property? Yes \_\_\_ No \_\_\_

Do you have a business? Yes \_\_\_ No \_\_\_