

SMITH'S TAX SERVICE

Your Peace of Mind is Our Family Business.

New Client Information Worksheet

Full Legal Name: _____

Are you a U.S. Citizen? _____ ID provided _____ Date of Birth: __/__/_____

SS#: _____ Occupation: _____

Spouse (if applicable): _____

Are you a U.S. Citizen? _____ ID provided _____ Date of Birth: __/__/_____

SS#: _____ Occupation: _____

Street Address _____

City/Town: _____ **State:** _____ **Zip:** _____

Phone: (*Circle preferred number*) Home _____ Work: _____ Cell: _____

Do you wish to send & receive information through a secure Internet connection: _____

If so, E-mail: _____

Marital Status:

Married Filing Jointly _____ Married Filing Separate _____

Head of Household _____ Single _____

Qualifying Widow(er) _____ Don't Know _____

Children (or other dependents):

Name: _____ SS#: _____ D.O.B.: __/__/_____

Name: _____ SS#: _____ D.O.B.: __/__/_____

Name: _____ SS#: _____ D.O.B.: __/__/_____

Banking (for potential refund automatic deposit or payment withdrawal)

Bank Name: _____ Checking _____ Savings _____

Routing #: _____ Account #: _____