DATE		TENDING ASSOCIATE				
CLIENT INFORMATIO	N					
NAME			CURRENT			
DATE OF BIRTH			ADDRESS			
SOCIAL SECURITY NUMBER						
HOME PHONE			FAX			
ALT. PHONE			EMAIL			
OCCUPATION			WORK PHONE			
FILING STATUS	SINGLE MAR QUALIFYING WID	RRIED FILING JOINTLY OOWER	MARRIED FILING SEPARATELY HEAD OF HOUSEHOLD			
REFUND TYPE	CHECK DEB	IT CARD DIRECT	T DEPOSIT			
SPOUSE INFORMATION	N		ı			
NAME						
DATE OF BIRTH			CURRENT ADDRESS			
SOCIAL SECURITY NUMBER						
HOME PHONE			FAX			
ALT. PHONE			EMAIL			
OCCUPATION			WORK PHONE			
DEPENDENTS						
NAM	ΙE	DATE OF	BIRTH	SOCI	AL SECURITY NUMBER	\$
l						

N	10	~ (\cap	٨	Λ	F	ζ.	ΓR	F	Α	N	15	

INCOME STREAMS						
ТҮРЕ		SERV	ICE	AMOUNT		
PAYMENT INFORMAT	1001					
PAYMENT TO	IOIN		PAYMENT			
TATMENTIO			DATE			
RECEIPT NUMBER			AMOUNT PAID			
PAYMENT METHOD						
RECEIVED FROM			RECEIVED BY			
	ACCOUNT INFO			PAYMENT PERIOD		
ACCT BALANCE	THIS PAYMENT	BALANCE DUE	FROM			
			THROUGH			
CLIENT'S IDENTIFICAT	ION					
TAXPAYER NAME			SOC SECURITY NUMBER			
PHOT	PHOTO IDENTIFICATION #1			PHOTO IDENTIFICATION #2		
P	LACE I.D			PLACE I.D.		
F	HOTO HE	KE		PHOTO HERE		
SPOUSE'S NAME			SOC SECURITY NUMBER			
PHOT	O IDENTIFICATION			PHOTO IDENTIFICATION #2		
				DI A GE I D		
PLACE I.D.				PLACE I.D.		
PHOTO HERE				PHOTO HERE		
TAXPAYER			DATE			
SIGNATURE			27112			

TAXPAYER SIGNATURE	DATE	
SPOUSE'S	DATE	
SIGNATURE	DAIE	

DISCLAIMER

Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk.