

**ELITE TAX SERVICES**  
**CLIENT INFORMATION SHEET**  
**TAX YEAR \_\_\_\_\_**

Date \_\_\_\_\_

Please Check one:

- Head of Household
- Single
- Married
- Married Filing Separate
- Qualifying Widow

Please Answer

- Are you Self-Employed  Yes  No
- Did you receive any alimony payments  Yes  No
- Did you receive any social security  Yes  No
- Did you withdraw from your retirement  Yes  No

**NAME** \_\_\_\_\_ **SSN or W7#** \_\_\_\_\_ **DOB** \_\_\_\_\_

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

**Spouse's Name** \_\_\_\_\_ **SSN or W7#** \_\_\_\_\_ **DOB** \_\_\_\_\_

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

Address:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

**DIRECT DEPOSIT: Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Did your Dependent live with you over half of the year** \_\_\_\_\_ **Yes** or \_\_\_\_\_ **No**

**DEPENDENT'S NAME(S)**                      **SSN#**                      **DOB**                      **RELATIONSHIP**

1.				
2.				
3.				