Client Data Sheet

Taxpayer Name _____
Occupation _____
SSN _____Birthdate_____
Email _____
Cell Phone _____
Alt Phone _____
Address _____

Spouse Name _____
Occupation _____
SSN _____Birthdate_____
Email _____
Cell Phone _____
Alt Phone _____
City_____State _____ Zip _____

Dependents

Name	Date of Birth	SSN	Relationship to you	Months in Home

Bank Name_____ Routing Number _____ Account Number _____

Checking _____ Savings _____

Stimulus Amount Received: 1st: _____ 2nd:_____

Notes

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