

## **CLIENT INFORMATION WORKSHEET**

## **Taxpayer/Spouse Information**

Taxpayer Name:		DOB:	SS#:	
Spouse Name:		DOB:	SS#:	
Address:				
			none:	
TP Cell #:	Wk #:	Occupation:		
SP Cell #:	Wk#:	Occ	cupation:	
<b>Dependents that liv</b>	ed with yo	<u>ou</u>		
			SS#:	
		DOB:	SS#:	
		DOB:	SS#:	
Relationship to you: 4) Name: Relationship to you:		DOB:	SS#:	
Child Care Expense				
	_	_	Amt. pd. for yr?	
Federal ID# or SS#:				

ITEMS	TAXPAYER	SPOUSE	TOTALS	
<u>W-2's</u>				
1099R's				
1099 MISC's				
SS Statement				
<u>1098's (mortgage)</u>				
1099 INT				
1/1000 1313/				
Previous year tax return	<u>rn</u>			
Last yr's state refund a	<u>amt</u>			
Dependents SS cards_				
	<u>s</u>			
-				
Education Expenses				
How did you hear abo	out Cen-Tax Tax Serv	ices?		
us for the preparatio	are acknowledging to of your tax return a he tax preparation fe	and you are acknow		
Taxpayer Signature: _		Date:	Date:	
Spouse Signature:		Date:		
*******	**************************************	**************************************	*******	
Client to bring back th	ne following items liste	ed below before we ca	an complete tax r	
Item	Item	Item		
	Date brought:	in Date		
_	Taxpayers Init		_	
		<b>Zu</b> Ap		
Item	Item	Item		
Date brought in	Date brought	in Date		
			brought in	
L	Taxpavers Init			
	Taxpayers Init	ialsTaxp	brought in	
Item		ialsTaxp	brought in payers Initials	
Item Date brought in		ials Taxp Item_	brought in payers Initials	