



**Weber**  
Accounting & Tax Service

**Weber Accounting and Tax Services, Inc.**  
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### Client Information Sheet

Taxpayer	First Name & Initial	Last Name	Social Security No.	
Spouse				
Taxpayer	Occupation	Date of Birth	Work Phone	Cell Phone
Spouse				

Street Address:

City: State: Zip:

Email Address:

County: School District:

**Filing Status** (please circle one)

1-Single    2-Married filing joint;    3-Married filing separate;    4-Head of Household;    5-Qualifying Widower

**Dependent Information    \*\*SOCIAL SECURITY NUMBER(S) REQUIRED\*\***

	Name (first, initial, and last name)	Date of Birth	Social Security Number	Relationship	Months in Home
1					
2					
3					
4					
5					

**Healthcare Responsibility (Taxpayers and ALL Dependents are REQUIRED to have Qualifying Health Insurance Coverage)**

Did You Have Health Insurance?

       **YES**             **NO**

Issued By:

\_\_\_\_\_ Employer      \_\_\_\_\_ Marketplace  
\_\_\_\_\_ Medicaid      \_\_\_\_\_ Months Covered

**Driver's License or State ID Information \*\*REQUIRED\*\***

Taxpayer **Driver's License #:**      **Issue Date:**      **Expiration Date:**

Spouse **Driver's License #:**      **Issue Date:**      **Expiration Date:**