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|  | **Weber Accounting and Tax Services, Inc.** |
| 3522 Manchester Rd, Suite B |
| Akron, OH 44319 |
| Phone: 330-645-4869 Fax: 1-844-335-6503 |

**Client Information Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
|  | First Name & Initial | Last Name | Social Security No. |
| Taxpayer |  |  |  |
|  | Spouse |  |  |  |
|  |
|  | Occupation | Date of Birth | Home Phone | Cell Phone |
| Taxpayer |  |  |  |  |
|  | 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 inHome |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 6  7 |    |    |     |    |    |

|  |
| --- |
| **Driver's License or State ID Information \*\*REQUIRED\*\*** |
| Taxpayer **Driver's License #: Issue Date: Expiration Date:** |
| Spouse **Driver's License #: Issue Date: Expiration Date:** |

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