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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 in  Home |
| 1 |  | | | | |  |  | |  |  |
| 2 |  | | | | |  |  | |  |  |
| 3 |  | | | | |  |  | |  |  |
| 4 |  | | | | |  |  | |  |  |
| 5 6    7 |  | | | | |  |  | |  |  |

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| **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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