PREFERRED ACCOUNTING

Client Information Sheet

Taxpayer Information

	First Name	Initial	Last Name	Social Security No.	Birthday
Taxpayer					
Spouse					
Full Address					

	Cell Phone #	Email Address	Occupation
Taxpayer			
Spouse			

Check if Taxpayer is ❑ Disabled ❑ Blind ❑ Business Owner

Check if Spouse is ❑ Disabled ❑ Blind ❑ Business Owner

Drivers License Division

	Name as it Appears on D.L.	D.L. Number	State	Issue Date	Expiration Date
Taxpayer					
Spouse					

Dependent Information

	First Name	Last Name	Social Security No.	Birthday	Relationship	Disabled	Full Time Student**
1							
2							
3							
4							
5							
6							

*Use the back of this paper if more space is needed.

**Between the ages of 19 and 23

Were all listed above covered by health insurance for all of 20___? ❑ Yes ❑ No

If yes, from where? ❑ Employer ❑ Marketplace ❑ Other

If no, how many months were you without insurance? _____

Business Information

Business Name	
Type of Business	
Full Address	

Notes

*If you are new client to Preferred Accounting please bring in the last 2 years of tax returns.