

**CONFIDENTIAL
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CLIENT INFORMATION FORM

Welcome to Simply Taxes of South Carolina, LLC. To help us provide you with the best possible service, please complete this Client Information form. The information you provide will be used solely for the preparation of your income taxes.

*This form must be completed, even if nothing has changed. Are you a US Citizen? Yes No

TAXPAYER

Name _____ Social Security Number _____ DOB _____

Occupation _____ Daytime Phone _____ Cell Phone _____

Taxpayer Email _____ Check if someone else can claim you on their return

SPOUSE

Name _____ Social Security Number _____ DOB _____

Occupation _____ Daytime Phone _____ Cell Phone _____

Spouse Email _____ Check if someone else can claim you on their return

ADDRESS

Address _____ Apt. _____ City _____ State _____ Zip _____

HOW DID YOU HEAR ABOUT US?

Email Mail Newspaper Online Search Newsletter Social Media

Friend: _____ Other: _____

FILING STATUS

Indicate the legal filing status to be used on your income tax return
Single Head of Household
Married Filing Jointly Married Filing Separately Qualifying Widow(er) Spouse Date of Death _____
Did you live apart from your spouse for the last 6 mths of the years? Y C N Same Sex Couple: State of Marriage _____
Did you have health insurance for any part of the year? All Year Part Year No Insurance Taxpayer: Y N Y N

DEPENDENTS

Enter the following dependent information for any qualifying child or qualifying relative. Use back if needed.

First Name	MI	Last Name	SSN	Date of Birth	Relationship to Taxpayer	Student
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

My signature indicates that the information I provided above is true and accurate.

Print Name – Taxpayer _____ Signature – Taxpayer _____ Date _____

Print Name – Spouse _____ Signature – Spouse _____ Date _____