

## Crown Accounting & Tax Services Client Information Sheet

Primary Tax Payer's Information

Secondary Tax Payer's Information

Name (Last, First) \_\_\_\_\_ Spouse Name \_\_\_\_\_

Birth date \_\_\_\_\_

Birth date \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Email: \_\_\_\_\_

**Dependents**

<b>Dependent(s) Name:</b> (List youngest first) (First, Initial and Last Name)	<b>Birth date</b> Month, Day, Year	<b>Dependent's</b> <b>SSN</b>	<b>Relationship</b> <b>to you</b>	<b>Months</b> <b>lived in</b> <b>your</b> <b>home</b>

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Check all that apply

- Can someone else claim you as a dependent?
- Did you earn income in another state during last year?
- Did you have childcare expenses/receipts?

**I CERTIFY THAT THE INFORMATION PROVIDED THEREIN ARE CORRECT AND ACCURATE**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_