

CLIENT CHECK LIST

Name:

Spouse:

Address:

Phone:

Cell:

Spouse:

Email:

DOB:

Spouse:

SSN:

Spouse:

(Only dependents you are claiming please)

Dependents:

DOB/SSN

RELATIONSHIP

1.

2.

3.

4.

5.

Please give us an email address for the state return, as when we use the office email and get a response from the state, we do not know who they are referring to, there is not a reference number for us to cross reference. **Therefore, if an email is NOT provided, we are not responsible for any non-payment penalty.**