

KF Tax and Financial Services Client Information Sheet

Primary Tax Payer's Information

Secondary Tax Payer's Information

Name (Last, First) _____ Spouse Name _____

SSN _____ Birth date _____ SSN _____ Birth date _____

Address, City, State, Zip _____

Phone (Day) _____ Phone (Evening) _____

Occupation _____ Occupation _____

Email: _____

Dependents

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

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?

How do you want your taxes filed?

- E-File with Direct Deposit Routing Number _____ Account No _____
- Electronic Refund Check (**Bank Fees Apply**)

I CERTIFY THAT THE INFORMATION PROVIDED THEREIN ARE CORRECT AND ACCURATE

Signed _____ **Date** _____