**Bascombe Accounting & Income Tax Service**

**1665 East 92nd Street**

**Brooklyn, NY 11236**

**Ph# 347-682-4289 Fax# 718-766-9382**

**Please Print Clearly**

TAX YEAR Today Date:

Are you a New or Returning client? (Circle One) New Returning

**CLIENT INFORMATION WORKSHEET**

**Part I Personal Information**

**Taxpayer: Spouse:**

Last Name Last Name First Name First Name

Social Security # Occupation

Social Security # Occupation

Date of Birth *(mm/dd/yyyy)* Date of Birth *(mm/dd/yyyy)* E-mail Address E-mail Address

Work Phone

.

Cell Phone Home Phone

Work Phone Cell Phone Home Phone

**Part II** ' **Federal Filing Status ( Check one )**

1. Single
2. Married filing jointly
3. Married filing separately
4. Head of household
5. Qualifying widow(er) Year the spouse died . . . . .

**Part III Present Mailing Address**

|  |  |
| --- | --- |
| Address |   |
| Apartment Number |   |
| City |   |
| State |   |
| County |   |
| Municipality (NJ) |   |
| Zip Code |   |

**Please turn over**

**Are you claiming anyone as a Dependent? Yes No**

If Yes, List them below (AS THEY APPEAR ON THE SOCIAL SECURITY CARD)

**Dependent Information**

FIRST LAST DATE SOC. SEC. # Relationship NAME NAME OF

BIRTH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**DO YOU HAVE A CHILD CARE PROVIDER? YES NO**

**Name:**

**SS/EIN #:**

**Address:**

**Amount Paid $**

**Bank Informations**

Bank Name: Bank Routing #: Account Number:

Signature