



CLIENT DATA FORM

General Information

Name: (First) _____ (Last): _____
Phone # _____ Email: _____
D.O.B.: _____ Social Security # _____ - _____ - _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip Code: _____
Health Insurance: Y or No (Provider Name): _____
Filing Status: _____

Spouse's Information

Name: (First) _____ (Last): _____
Phone Number: _____ Occupation: _____
D.O.B.: _____ Social Security #: _____ - _____ - _____

Dependent's Information

Name: _____ Relationship: _____
D.O.B _____ Social Security #: _____ - _____ - _____
Name: _____ Relationship: _____
D.O.B _____ Social Security #: _____ - _____ - _____
Name: _____ Relationship: _____
D.O.B _____ Social Security #: _____ - _____ - _____

Name: _____ Relationship: _____

D.O.B _____ Social Security #: _____ - _____ - _____

Name: _____ Relationship: _____

D.O.B _____ Social Security #: _____ - _____ - _____

Bank Information:

Please provide bank information, without this information we will not be able to provide direct deposit.

Bank name: _____

Routing #: _____ Account #: _____

Check All That You Have Received/Paid This Year

Gambling Earnings _____

Bank Interest _____

Unemployment Benefits _____

401k Withdrawal _____

Self-Employed (1099) _____

Retirement _____

Attended College _____

Social Security Benefits _____

Mortgage Interest _____

Child Care Expenses _____

Student Loan Interest _____

Debt Cancellation _____

Property Rental _____

First Time Homebuyer _____

Stocks & Bonds Sales _____

Do You Owe?

I.R.S. _____

Amount Owed: _____

Back Child Support _____

Amount Owed: _____

Default on Student Loans _____

Amount Owed: _____

I hereby sign and authorize LKT Tax Services LLC, to prepare and file my taxes on my behalf. LKT Tax Services LLC, is not liable for any money owed to the IRS on my behalf. I also understand that I am liable for all fees owed to the Tax Preparer at LKT Tax Services LLC. Please note that LKT Tax Services LLC is not liable for any wrong information and /or information not provided to any Tax Preparer of LKT Tax Services LLC.

Customer Signature: _____ Date: _____