

## New Client Information

	TAXPAYER	SPOUSE
First Name		
Last Name		
SSN		
Occupation		
Birthdate		
Blind?	Y    N	Y    N
Permanently and totally disabled?	Y    N	Y    N
E-mail address		
Home phone		
Work phone		
Cell phone		
Fax		
College Student?	Y    N	Y    N
Tuition Paid	\$	\$

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

DIRECT DEPOSIT INFORMATION			
Bank Name	Routing Number	Account Number	C/S

DEPENDENT INFORMATION			
	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3
First Name			
Last Name (if Dif.)			
Birthdate			
Soc. Sec. #			
# Months in Home			
Disabled	Y    N	Y    N	Y    N
College Student	Y    N	Y    N	Y    N
Tuition Paid	\$	\$	\$
Child Care Exp	Y    N	Y    N	Y    N
Amount Paid	\$	\$	\$

**BOTTOM LINE**  
**18105 Main Street Jamestown, CA 95327**  
**Phone: (209) 984-1040 Fax: (209) 984-1042**

