



CLIENT INFORMATION FORM 2020 TAX RETURN FILING

New Clients: Please complete this form in its entirety. Please complete your name(s) as shown on your Social Security card(s). Also, please note the following: In order to comply with IRS recommendations and the requirement of most State Tax Authorities, you (and your Spouse, if married) will be required to provide me with a copy of your State-issued Driver's License or State-issued Identification Card, in addition to providing the information in writing on Page 2 of this form.

Returning Client: Please complete only your name(s), as shown on Social Security card, plus any information that has changed since filing your 2019 tax filing. Also, please provide a copy of the Social Security card for any new dependent(s) you are adding on your tax return (see page 2 for adding new dependents).

[Please note that if I do not receive an updated Client Information form with your changes, I will assume that all information requested below is unchanged from your 2019 filing.]

Taxpayer's Name _____

Filing Status: Single Married Head of Household (Single w/ Dependent)

Spouse's Name (if married) _____

Address _____

City _____ State _____ Zip _____

Taxpayer's e-mail address: _____

Spouse's e-mail (if married): _____

Home Phone (if applicable) _____

Taxpayer's Cell Phone _____

Spouse's Cell Phone _____

Taxpayer's Date of Birth _____ / _____ / _____

Spouse's Date of Birth _____ / _____ / _____

Taxpayer's Occupation _____

Spouse's Occupation _____

Please continue to page two to complete this form.

Taxpayer's State-issued Driver's License or Identification Card information:

Issuing State: _____ License/Identification Number: _____

Issue Date: _____ / _____ / _____ Expiration Date: _____ / _____ / _____

Spouse's State-issued Driver's License or Identification Card information (if applicable):

Issuing State: _____ License/Identification Number: _____

Issue Date: _____ / _____ / _____ Expiration Date: _____ / _____ / _____

For direct deposit to your account of any refund, or direct debit from your account for any tax due, please fill out your bank information below:

Name of bank _____

Bank routing number _____

Account number _____

Is this account? Please check (✓) one: Checking or Savings

Dependents on Last Year's Tax Return (returning clients only):

First name of dependents you claimed on 2019 tax return, but **will not** claim again in 2020.

Information on new dependents/children (including adopted or foster children) you will be claiming on your 2020 tax return (use additional sheet, if needed):

Name (as shown on SS card) _____

SS# _____ Date of Birth _____ Relation _____

Name (as shown on SS card) _____

SS# _____ Date of Birth _____ Relation _____

Name (as shown on SS card) _____

SS# _____ Date of Birth _____ Relation _____

*WBWilson Tax Service treats your personal and financial information with the utmost respect and confidentiality. Please refer to our complete Privacy Policy on our website at:
www.wbwilsontaxservice.com.*