

Blue Frog Tax Service Client Information Sheet

Name _____

Social Security # _____

Spouse Name _____

Social Security # _____

Home Phone _____

Email Add _____

Single ___ Married ___ Married Filing Jointly ___ Widowed/Divorced ___ Head of Household ___

Birth Date: Taxpayer _____ Spouse _____

Taxpayer's Employer _____ Occupation _____

Address _____ Work Phone _____

Spouse's Employer _____ Occupation _____

Address _____ Work Phone _____

Dependent Names

1. _____ Birth Date _____

Social Security # _____ Relationship _____

2 _____ Birth Date _____

Social Security # _____ Relationship _____

3 _____ Birth Date _____

Social Security # _____ Relationship _____

4 _____ Birth Date _____

This form helps to keep our files up to date. It is your responsibility to provide all the information necessary to complete your tax returns. Blue Frog Tax Service will prepare your federal and state income tax returns from information you furnish to us with the understanding that all information is true and legal.

By your Electronic Pin Number on form 8879 and your signature below , you acknowledge your agreement to the terms set forth in the above statement. Each client is important to us ! We are pleased to have you as a client and look forward to servicing you now and for many years to come.

Read and accepted by:

Tax Payer Signature _____ Date _____