



CLIENT INFORMATION

Last name _____ First Name _____ S.S.N _____

Date of Birth _____

SPOUSE INFORMATION

Last name _____ First Name _____ S.S.N _____

Date of Birth _____

DEPENDANTS

1. Last name _____ First Name _____ S.S.N _____

Date of Birth _____ Relationship: _____

2. Last name _____ First Name _____ S.S.N _____

Date of Birth _____ Relationship: _____

3. Last name _____ First Name _____ S.S.N _____

Date of Birth _____ Relationship: _____

4. Last name _____ First Name _____ S.S.N _____

Date of Birth _____ Relationship: _____

Address/City/State/ZIP _____

Home Tel # _____ Work Tel # _____ Cell #

Fax # _____ Spouse Work # _____ Spouse
Cell# _____

E-mail _____

EMPLOYMENT INFORMATION

Client's Employer _____ Spouse's
Employer _____

Do you own your residence: YES/NO

CLIENT SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____
DATE _____

REFERRED BY _____

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