

**Accounting Unlimited, Inc.**  
**Client Information Sheet**

**Date :** \_\_\_\_\_

**Name (First,MI,Last)**

**Date of Birth**

Taxpayer \_\_\_\_\_

\_\_\_\_\_

Spouse \_\_\_\_\_

\_\_\_\_\_

**Social Security Numbers**

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

**Address**

Street \_\_\_\_\_

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

County of Residence(Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

County of Work(Taxpayer) \_\_\_\_\_ (Spouse) \_\_\_\_\_

**Telephone Numbers**

Work (Taxpayer) \_\_\_\_\_ Work (Spouse) \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_

**Dependents: (First ,MI,Last)**

**Date of Birth**

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

**Social Security Numbers**

Dependents:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_