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## Client Information Sheet

### General Information:

|                   |       |               |       |
|-------------------|-------|---------------|-------|
| Primary Tax Payer | _____ | SSN / ITIN    | _____ |
| Occupation        | _____ | Date of Birth | _____ |
| Spouse Name       | _____ | SSN / ITIN    | _____ |
| Occupation        | _____ | Date of Birth | _____ |
| Address           | _____ |               |       |
| City              | _____ | State, Zip    | _____ |
| Email             | _____ | Email         | _____ |
| Phone             | _____ | Phone         | _____ |

### Dependent Information *(supported children, supported parent(s), other):*

|              |       |               |       |
|--------------|-------|---------------|-------|
| Name         | _____ | SSN           | _____ |
| Relationship | _____ | Date of Birth | _____ |
| Name         | _____ | SSN           | _____ |
| Relationship | _____ | Date of Birth | _____ |
| Name         | _____ | SSN           | _____ |
| Relationship | _____ | Date of Birth | _____ |

### Direct Deposit Information: *(complete this section if you would like to have your refund deposited directly into your bank account)*

|                                   |                                  |                 |       |
|-----------------------------------|----------------------------------|-----------------|-------|
| Bank Name                         | _____                            | Routing # (ABA) | _____ |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | Account #       | _____ |

### Child Care Provider Details *(please let us know if you need more information about this section)*

|            |       |             |          |
|------------|-------|-------------|----------|
| Name       | _____ | Amount Paid | \$ _____ |
| SSN or EIN | _____ |             |          |
| Address    | _____ |             |          |
| City       | _____ | State, Zip  | _____    |

### Miscellaneous:

- |   |  |
|---|--|
| <input type="checkbox"/> Sold Stocks or Bonds         | <input type="checkbox"/> Cancellation of Debt              |
| <input type="checkbox"/> IRA Contributions            | <input type="checkbox"/> Moving Expenses                   |
| <input type="checkbox"/> Unemployment Received        | <input type="checkbox"/> Paid Qualified Education Expenses |
| <input type="checkbox"/> Alimony (Paid or Received)   | <input type="checkbox"/> Made Student Loan Payments        |
| <input type="checkbox"/> Buy or Sell a Home           | <input type="checkbox"/> Significant Loss or Theft         |
| <input type="checkbox"/> Own Rental Property          | <input type="checkbox"/> Union Dues                        |
| <input type="checkbox"/> Lottery or Gambling Winnings | <input type="checkbox"/> Job Related Expenses              |