

Client Information Sheet

- 10450 Shaker Drive, Suite 112 Columbia, MD 21046
- 410-997-9299
 ⊕ www.blscpafirm.com

Taxpayer		Spouse (if any)		
Last Name	First Name	Last Name	First Name	
SSN	Date of Birth	SSN	Date of Birth	
Day Time No.	Mobile No.	Day Time No.	Mobile No.	
Occupation	Email	Occupation	Email	
Current Address		Have you moved since filing your lastreturn?		
City	State	Date of Move		
Zip	County			
Do you have IRA accounts? Roth Traditional		Do you have IRA accounts(Spouse)? Roth Traditional		

Filing Status

Married Filing Jointly Married Filing Separately Single Head of Household

Dependents

Legal Name	Date of Birth	SSN	Lived with Taxpayer all year Yor N

Bank Account for Direct Deposit of Refunds:

Name of Bank Routing Number Account Number Checking or Saving

How did you hear about us When are you typically ready for tax prep? How do you prefer contact with our office?

Mos

Day

In Person

Phone

Email