



Smart Tax Mobile®

Client Information

Taxpayer Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____ Drivers License #: _____

Spouse's Name: _____

Spouse's Social Security #: _____ Spouse's Phone #: () _____

Filing Information

Filing Status: Single Head of Household Married Filing Jointly Married Filing Separate

Refund Preference: E-File E-File Direct Deposit Mail- Out Bonus

Dependent Information

Full Name: _____
Last *First* *M.I.*

Social Security # *Date of Birth* *Relationship*

Name of School/Daycare *Address* *Childcare Expenses*

Full Name: _____
Last *First* *M.I.*

Social Security # *Date of Birth* *Relationship*

Name of School/Daycare *Address* *Childcare Expenses*

OFFICIAL USE ONLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Drivers License Copied | <input type="checkbox"/> W-2s/1099s enclosed | <input type="checkbox"/> All forms signed and completed |
| <input type="checkbox"/> Social Security Card Copied | <input type="checkbox"/> User/Password | <input type="checkbox"/> ID/Telephone # verified |