

# CLIENT MAIN INFORMATION

# UBU TAX PROFESSIONALS ELITE

## Client Information – Tax Year \_\_\_\_\_

Mr/Mrs/Miss/Ms  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Spouse Social Security \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

**Filing Status** SINGLE / MARRIED / HEAD OF HOUSEHOLD / MFS / WIDOW

## Contact Information

Cell \_\_\_\_\_ Alternate # \_\_\_\_\_

Email/s \_\_\_\_\_ Spouse \_\_\_\_\_

## Employment Information

Occupation \_\_\_\_\_

## Dependent Information

First Name	Last Name	DOB	SS#	Relationship	Months live in the home	Did he/she attend day care

Amt of 1<sup>st</sup> Stimulus 2020 \$ \_\_\_\_\_ Amt of 2<sup>nd</sup> Stimulus 2020-2021 \$ \_\_\_\_\_ Amt of 3<sup>rd</sup> Stim \$ \_\_\_\_\_

Amt of Child Tax Credit \$ \_\_\_\_\_ (Monthly) Amt of Child Tax Credit (July – Dec. 2021) \$ \_\_\_\_\_

Refund (circle one)      Direct deposit      Check      Money Card      GO2 Bank

Routing number of financial institution: \_\_\_\_\_

Acct. No: \_\_\_\_\_ Bank: \_\_\_\_\_

Driver's License/State ID No.: \_\_\_\_\_

State of License: \_\_\_\_\_

\_\_\_\_\_  
Taxpayer Signature

Date Issued T: \_\_\_\_\_

\_\_\_\_\_  
Spouse Signature

Date Issued S: \_\_\_\_\_

Expiration Date T: \_\_\_\_\_

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

Expiration Date S: \_\_\_\_\_