



# SKYWARD TAX & ACCOUNTING SERVICE

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Dear Client, in preparation for your tax appointment, we are asking you to please take time to fill in these few pages to the best of your ability. This will expedite completion of your return.

*Skyward Tax & Accounting Service does not divulge any personal or financial data belonging to our clients except in those cases where required by law, IRS regulation or at the explicit written direction of our clients.*

Client Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ \*Indicate best number to call\*

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Spouse's D.O.B: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Filing Status:**

Single: \_\_\_\_\_ Married Filing Jointly: \_\_\_\_\_ Married Filing Separately: \_\_\_\_\_ Head of Household: \_\_\_\_\_ Qualified Widower: \_\_\_\_\_

**Please check one:** Electronic Filing (E-File) \_\_\_\_\_ Bank Product (Fees deducted from refund): \_\_\_\_\_  
\*additional fees apply\*

Dependents	SS#	D.O.B	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by: \_\_\_\_\_

**\*\*\* E-File & Bank products must provide a copy of Social Security card and Driver's License. \*\*\***