

## TAX CLIENT – PERSONAL INFORMATION

### Individual

Name	
Date of birth	
Social security number	
Address	
Phone number	
Email	
Did you have health insurance in 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Dependents

Name	
Date of birth	
Social security number	
Name	
Date of birth	
Social security number	
Name	
Date of birth	
Social security number	
Name	
Date of birth	
Social security number	