

Client Information Sheet

Taxpayer

Full Name _____ M/F

Occupation _____

SSN _____

Birthdate _____

Daytime No _____

Mobile No _____

Email _____

Preferred Contact Method

Email _____

Spouse

Full Name _____ M/F

Occupation _____

SSN _____

Birthdate _____

Daytime No _____

Mobile No _____

Email _____

Phone _____

Have you moved since filing your last return? Y N Date of Move _____

Street _____ Apt# _____

City _____ State _____

Zip _____ County _____

Legal Name	Birthdate	SSN	Relationship (Son, Daughter, Other)	Months Live in Your Home in 2020

All prepared returns will be provided as electronic copy unless a hard copy is requested.

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