



DYER & ASSOCIATES CPA, PLLC

CERTIFIED PUBLIC ACCOUNTING FIRM | ACCOUNTING | TAX | ADVISORY

1645 OAK CREST ROAD • HERNANDO MS 38632 • 662-429-2960

CLIENT INFORMATION SHEET

CLIENT/SPOUSE INFORMATION	CLIENT SS#
	SPOUSE SS#

FULL NAME (as shown on social security card):			
Date of Birth	MM:	DD:	YYYY:

SPOUSE FULL NAME (as shown on social security card):			
Date of Birth	MM:	DD:	YYYY:

MARITAL STATUS (check one):	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widower	<input type="checkbox"/> Civil Union
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Foreign Banking:	At any time during the year did you or your spouse have any financial interest in a foreign bank? <input type="checkbox"/> Yes <input type="checkbox"/> No
Virtual Currency:	At any time during the year did you or your spouse buy, sell, or exchange in virtual, or crypto currency? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	
SPOUSE PHONE	SPOUSE EMAIL	

DEPENDENTS* (PLEASE COMPLETE IF APPLICABLE)					
	NAME (as shown on SS card)	Date of Birth	SOCIAL SECURITY NUMBER	Relation to Client	Months in Home
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					

*To be able to claim a dependent on your return you must have a valid birth certificate or valid legal basis.

ADDITIONAL INFORMATION REQUIRED
Please provide a copy of your drivers license or state identification card. Also, please have a copy of your prior year's tax return with you, if you did not use us last year to file your tax return.

REFUND
If you are receiving a refund, please tell us how you would like to receive the refund. (check only one)

<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
Routing Number					
Bank Account Number					
<input type="checkbox"/>	Check in mail				

SIGNATURE

I/We certify that the information on this and any other forms submitted is complete and correct. Dyer and Associates CPA, PLLC has authorization to begin work on our Federal and State tax income returns.

SIGNATURE: _____ DATE: _____

SPOUSE: _____ DATE: _____