



9124 Belair Road, Baltimore, MD 21236

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CLIENT INFORMATION SHEET

	Taxpayer	Spouse
First name and initial		
Last name		
Title/suffix		
Social Security number . .		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Blind ?		
Home phone		
Work phone		
Cell phone		
E-mail address		

Address

In care of	
Street address	
Apartment number . . .	
City	
State	
ZIP code	

DEPENDENTS

	Dependent No.	Dependent No.
First name and initial		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social Security number . .		
Relationship		
Months lived at home		
	Dependent No.	Dependent No.
First name and initial		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social Security number . .		
Relationship		
Months lived at home		