



# IMA Tax & Financial Services, Inc.

Client's Tax Information Form  
FAX: 972-625-1440

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**Your First Name**                      **MI**                      **Last Name**

**Your S/S #:**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_    **DOB** \_\_\_\_/\_\_\_\_/19    **Occupation:** \_\_\_\_\_

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**Spouse's First Name**                      **MI**                      **Last Name**

**Spouse's S/S #:**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_    **DOB** \_\_\_\_/\_\_\_\_/19    **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_    **E-Mail Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_    **Evening Phone:** \_\_\_\_\_    **Mobile Phone:** \_\_\_\_\_

**Filing Status:**

- Single
- Married filing joint
- Married filing separate
- Head of household
- Qualifying widow(er)

List Dependents

First Name/MI	Last Name	SSN	Dependent Relationship (i.e. Son, Daughter, etc.)	DOB	# of months lived in your home 2009

- Attach all 1099 and W2 forms.
- Driver's License # & Exp. Date (**Required for Rapid Refunds**) \_\_\_\_\_
- Copy of the Dependent(s) Social Security cards

I have supplied only the above documents.

Tax payer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Due Diligence Statement (if applicable):**

All dependents on my 2009 Tax Return prepared by IMA Tax & Financial Services, Inc.. are correct. This information was supplied by me.

\_\_\_\_\_  
*Tax Payer Signature*

\_\_\_\_\_  
*Date*