Client Tax Information Sheet I

info@TiakoTax.com - TiakoTax.com

Taxpayer Name: (M/F)
Birth Date:

SSN:

PART A New clients please fill in all that apply.

Tiako
Tax Service Spo

5912 NW 16th St, Oklahoma City, OK 73127 (405) 474-7835 - Fax (405) 470-2034

Returning clients indicate only where there are changes.

Phone:

1	Spouse	Name: (M/F)	

Birth Date:

SSN:

Occupation: Occupation:

This form Stre must be **PART** Yo Yo picked up Yo Yo Yo You Yo Yo and filled up You Yo SI Jol **PART** Sal in person Sel Ind Co Ca Ali Une only. Tip Die (If **PART** Care I Provid Thank You **PART** Che

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ed with this tax Year	Dependent Care Provider' Name	College Tuition	
© Tiako Corporation			

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J:

Traditional Roth

to New Home:

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y/Gambling Winnings st – 1099-INT

ends – 1099-DIV

al Fund Distributions – 1099

cipal Bonds

Income

Income (Enclose Details)

lment Sale

ou Sell Any Business Assets?

se sale and original cost info.)

f this sheet for more space.)

SN/EIN: o Provider:\$

No) © Tiako Corporation

CLOSED INFORMATION

Date:

Date:

Spouse Signature:

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Form TiaTax-C1 01/16