



M.A.A.D. BUSINESS SERVICES, LTD.

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**Return information to INFO@ardcpa.com or fax to 02 991-0195**

**NEW CLIENTS SHOULD PROVIDE COPIES OF ALL SOCIAL SECURITY CARDS**

**Client Information – in English**

Information needed for each individual listed on U.S. Income tax return - (including dependents/children)

|   | <u><b>TAXPAYER</b></u> | <u><b>SPOUSE</b></u> |
|---|------------------------|----------------------|
| <b>ALL NAMES SHOULD APPEAR AS ON SOCIAL SECURITY CARD</b>                         |                        |                      |
| LAST NAME   |                        |                      |
| FIRST NAME/MIDDLE INTIAL  |                        |                      |
| DATE OF BIRTH<br>(MONTH/DD/YY)  |                        |                      |
| SOCIAL SECURITY NUMBER<br><small>NEW CLIENTS should provide copy of cards</small> |                        |                      |
| COUNTRY(S) OF CITIZENSHIP   |                        |                      |
| DATE OF ALIYAH<br>(MONTH/YYYY)  |                        |                      |
| OCCUPATION  |                        |                      |
| TEUDAT ZEHUT NUMBER   |                        |                      |
| CELL PHONE  |                        |                      |
| WORK PHONE  |                        |                      |
| EMAIL ADDRESS   |                        |                      |
| WORK EMAIL  |                        |                      |
| FAX NUMBER  |                        |                      |
| HOME PHONE  |                        |                      |
| HOME ADDRESS  |                        |                      |
| CITY/STATE/ZIP  |                        |                      |

See page 2 for dependent information

**ALL NAMES SHOULD APPEAR AS ON SOCIAL SECURITY CARD****NEW CLIENTS SHOULD PROVIDE COPIES OF ALL SOCIAL SECURITY CARDS**

|  | <b><u>DEPENDENT 1</u></b> |  | <b><u>DEPENDENT 2</u></b> |
|--|---------------------------|--|---------------------------|
| LAST NAME                                    |                           | LAST NAME                                    |                           |
| FIRST NAME/ MIDDLE INTIAL                    |                           | FIRST NAME/ MIDDLE INTIAL                    |                           |
| SON OR DAUGHTER                              |                           | SON OR DAUGHTER                              |                           |
| DATE OF BIRTH (MONTH/DD/YY)                  |                           | DATE OF BIRTH (MONTH/DD/YY)                  |                           |
| SOCIAL SECURITY NUMBER                       |                           | SOCIAL SECURITY NUMBER                       |                           |
| COUNTRY(S) OF CITIZENSHIP                    |                           | COUNTRY(S) OF CITIZENSHIP                    |                           |
| NATURALIZED US CITIZEN BY GRANDPARENT? WHEN? |                           | NATURALIZED US CITIZEN BY GRANDPARENT? WHEN? |                           |
| DATE OF ALIYAH                               |                           | DATE OF ALIYAH                               |                           |
|  | <b><u>DEPENDENT 3</u></b> |  | <b><u>DEPENDENT 4</u></b> |
| LAST NAME                                    |                           | LAST NAME                                    |                           |
| FIRST NAME/ MIDDLE INTIAL                    |                           | FIRST NAME/ MIDDLE INTIAL                    |                           |
| SON OR DAUGHTER                              |                           | SON OR DAUGHTER                              |                           |
| DATE OF BIRTH (MONTH/DD/YY)                  |                           | DATE OF BIRTH (MONTH/DD/YY)                  |                           |
| SOCIAL SECURITY NUMBER                       |                           | SOCIAL SECURITY NUMBER                       |                           |
| COUNTRY(S) OF CITIZENSHIP                    |                           | COUNTRY(S) OF CITIZENSHIP                    |                           |
| NATURALIZED US CITIZEN BY GRANDPARENT? WHEN? |                           | NATURALIZED US CITIZEN BY GRANDPARENT? WHEN? |                           |
| DATE OF ALIYAH                               |                           | DATE OF ALIYAH                               |                           |
|  | <b><u>DEPENDENT 5</u></b> |  | <b><u>DEPENDENT 6</u></b> |
| LAST NAME                                    |                           | LAST NAME                                    |                           |
| FIRST NAME/ MIDDLE INTIAL                    |                           | FIRST NAME/ MIDDLE INTIAL                    |                           |
| SON OR DAUGHTER                              |                           | SON OR DAUGHTER                              |                           |
| DATE OF BIRTH (MONTH/DD/YY)                  |                           | DATE OF BIRTH (MONTH/DD/YY)                  |                           |
| SOCIAL SECURITY NUMBER                       |                           | SOCIAL SECURITY NUMBER                       |                           |
| COUNTRY(S) OF CITIZENSHIP                    |                           | COUNTRY(S) OF CITIZENSHIP                    |                           |
| NATURALIZED US CITIZEN BY GRANDPARENT? WHEN? |                           | NATURALIZED US CITIZEN BY GRANDPARENT? WHEN? |                           |
| DATE OF ALIYAH                               |                           | DATE OF ALIYAH                               |                           |