



RETURN CLIENT

INFORMATION SHEET _____ TAX YEAR

PLEASE PRINT CLEARLY SO ALL INFORMATION CAN BE EASILY READ

H.O.H.: _____ FILING SINGLE: _____ MARRIED FILING JOINT: _____ MARRIED FILING SEPARATE: _____
Head of Household

Primary Taxpayer Information:

Last Name: _____

First Name: _____ M.I. _____

SS or T.I.N. #: _____ - _____ - _____

US Citizen: Y _____ N _____

Occupation: _____

E-Mail: _____

Work Phone: _____ Ext: _____

Cell Phone: _____

Home Phone: _____ **Best Contact Phone #:** _____

Change of Address: Y _____ N _____ If yes, please make changes below.

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

New Bank Account Information: Y _____ N _____ If yes, please make changes below.

Bank Name: _____ Routing #: _____ Account #: _____

Foreign Bank Account/s: Y _____ N _____

Change of Dependents: Y _____ N _____ If yes, please make changes below.

Dependent Name/s	SS #	DOB	M/F	Relationship	Add or Remove
_____	_____ - _____ - _____	____/____/____	____	_____	_____
_____	_____ - _____ - _____	____/____/____	____	_____	_____

Any additional dependent changes please list on back side of this form.

By signing below, you understand your personal tax return is prepared based upon the information that you provide to us. It is our goal to make sure that you understand how it is prepared, and to make sure you receive the great service you have come to expect from our company. When presented with your completed tax return, please review all information to make sure that there are no omissions or misstatements of material facts and income. We suggest that you keep your receipts and documentation for up to seven (7) years. We value your business and appreciate your continued support!

Signature: _____ Date: _____