TAX RETURN CLIENT INFORMATION SHEET

PRIMARY

First Name: _____ Mobile: _____
Last Name: _____ Work: _____
DOB: _____ E-Mail _____
SSN: _____ Occupation: _____

Main/Home Phone: _____

SECONDARY

First Name: _____ Mobile: _____
Last Name: _____ Work: _____
DOB: _____ E-Mail _____
SSN: _____ Occupation: _____

ADDRESS _____ Referred by: _____
_____ ☐ Minor: _____
City/State/Zip: _____

DEPENDENTS

Name	Social Security #	Date of Birth

DIRECT DEPOSIT INFORMATION

Name of Bank of institution _____
Is this a checking or savings account _____
Routing number _____ Account number _____

********** *For Office Use Only* **********

COMPUTER PREPARATION		
PREPARED	CHECKED	
		INITIAL
		DATE

BILLING INFORMATION	
TAX FEE	$
OTHER	$
TOTAL FEE	$

New Client: ☐ **E-File:** ☐ **Attach Statements:** ☐
Eng Ltr: ☐ **Copy P/Y:** ☐

TAX ASSEMBLER - NOTES