CLIENT INFORMATION FORM

Welcome! Please fill out this form to help us serve you more efficiently. Remember your information will be kept confidential. Thank you for your cooperation and for choosing us to serve you.

Walk In or Appointment time:			CHECK IF NEW CLIENT						
CIRCLE Filing Status: Single Married fi	ing separate	separate Head of household			Qualifying widow(er)				
	during the tax year, you must j							ne does not	
qualify you to file head of ho	usehold, to file head of househ	old means you ar	e single pro	viding a h	ome for a	<u>child or re</u>	<u>lative.</u>		
NAME		DOB		SOC	SEC #				
SPOUSE —		DOB		SOC	SEC #				
HOME ADDRESS			_ CITY_			STATE	ZIP_		
HOME PHONE	OME PHONE CELL PHO		E-Mail						
OCCUPATION		_ SPOUSE	OCCUPAT	TION					
IF MOVED IN TO OR OUT OF TH	HE CITY DURING YEAR, WRITE NA	ME OF CITIES AND	DATES MO	VED:					
MOVED IN TO	STATE ON DATE	MOVED	OUT OF _				_ ON		
EMPLOYER	STATE DATE			WORK I	PHONE _	STATE		DATE	
RELATIVE NOT LIVING V	VITH YOU	RE	LATIONSI	HIP		_PHONE _			
CIRCLE DISBURSEMENT M. deposit)	IETHOD: CHECK, DIRECT DI	EPOSIT, OR PRE	PAID VISA	A (complete	bank info	rmation on	ly if you	want direct	
Bank Name	Checking	Savings	Routing # _			Account #			
Mark box for type of refund	Fees taken out of refund *E-Advance (up \$6000)	Fees taken out of refund *PERC					Pay fees up front US Mail Service		
	(1-3 DAYS)	(10 - 14	DAYS)	(21 DAYS)		(42 - 6	4 DAYS)	
*Mark box for type of Health	Insurance Provider: Empl	oyer/Private	Medica	are/Medica	iid	Healthca	re.gov		
-	rite same if nothing changed fro claiming child			-	oild, IRS r	egulations	require	s you state	
DEPENDENTS NAME	Add/Delete/same Date of Birt		TATE REASO		In Home	Soc Securi	ts: #	Relationship	
DEFENDENTS NAME	Add/Delete/same Date of Birt	n bep/Eic Eic On	ly Dep Only	Disabled	III Home	Soc Securi	ty#	Keiationship	
-									
(Put additional dependents on back) Check all that apply:				1		1			
	Education Expenses Over Information is true and authori for government debt. I am aw		sulting LL		e Federal		axes as s	stated above	
Signature	Date			Spouse Sig	gnature		_	Date	
Referred by	py Referred To								
NUMBER OF DEPOSIT VERY AND ASSESSMENT OF THE PROPERTY OF THE P			LAME IN DECC	E OF MED.	* ***********	E AND DEEP		NO DVED	