

2009 Tax Client Information Sheet

TAXPAYER

SPOUSE

First Name		
Last Name		
SSN		
DOB		
Phone		
Alt Phone		
Email		
Occupation		
Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> MFS <input type="checkbox"/> Head of Household <input type="checkbox"/> Widow(er)	

Check here if you can be claimed as a dependent on another person's return.

Address		
City	State	Zip

DEPENDENTS

	First Name	Last Name	DOB	SSN	Relationship To You	Months In Home
1						
2						
3						
4						
5						
6						

How did you hear about us or who referred you?
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REFUND

If you are due a refund, let us know how you would like to receive the refund (check one box below)

Bank Product (taxpayer must be bank approved) - Fees deducted from your refund

- (RAL) Refund Anticipation Loan - 1 to 2 day loan (Check or Direct Deposit Cash Card)
 Bonus Refund - 1 to 2 week loan (Check or Direct Deposit Cash Card)

Regular E-File

- Direct Deposit - 2 to 3 weeks (fees paid up front)
 Check in the mail - 4 to 6 weeks (fees paid up front)

I am interested in the following services:

- | | | |
|--|--|--|
| <input type="checkbox"/> Free Insurance Quote | <input type="checkbox"/> Payroll Services | <input type="checkbox"/> Incorporation |
| <input type="checkbox"/> Free Financial Analysis | <input type="checkbox"/> Accounting Services | <input type="checkbox"/> Consultation |

SIGNATURE

All information I have given is true and correct to the best of my knowledge.

Signature _____ Date _____