



## 2011 TAX CLIENT INFORMATION FORM

Taxpayer Name: \_\_\_\_\_ \*SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ \*SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**YOUR DEPENDENTS:**

	* Dependent #1	*Dependent #2	*Dependent #3
<b>Name:</b>	_____	_____	_____
<b>SSN:</b>	_____	_____	_____
<b>Date of Birth:</b>	_____	_____	_____
<b>Relationship:</b>	_____	_____	_____
<b>No. Months Lived With You During 2011</b>	_____	_____	_____
<p><small>*WE NEED COPIES OF SOCIAL SECURITY CARDS TO INSURE PROPER NAME AND NUMBER MATCHING WITH THE IRS AND SOCIAL SECURITY RECORDS.</small></p>			

(Continued on back – turn over please)



Taxpayer Name: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**\*If your tax return shows a tax refund, would you like to have the refund Direct Deposited into your checking or savings account at your bank for faster and more secure delivery?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*If your tax return shows a tax amount due, would you like to schedule the tax payment by directly debiting your checking or savings account at your bank for processing on the date due? This process ensures your payment is processed on the day it is due and eliminates the possibility of the payment being mishandled at the IRS Service Center.**

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*We will need a VOIDED Check from your bank that shows the Banks Name and the Routing and Account Numbers.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_

*Payment for services is expected at the time your tax return is picked up.*

**THANK YOU FOR CHOOSING OUR FIRM FOR YOUR PROFESSIONAL TAX NEEDS**