

508 W TYSON AVE CAMERON TX 76520

## 2015 "Returning" TAX CLIENT INFORMATION FORM

## **Personal Information:** Taxpayer Name: \_\_\_\_\_Spouses Name: \_\_\_\_\_(Name listed on Social Security Card) Address: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business: \_\_\_\_\_ E-Mail: \_\_\_\_\_\_ Are there any changes to the filing status or dependents claimed on your last year's income tax return? Yes ( ) No ( ) If yes, what has changed? **Foreign Account Questions for Tax Return** Did you or your spouse have interest in or signature over a FOREIGN FINANCIAL ACCOUNT? Yes ( ) No ( ) Did you receive a distribution from or were grantor of, or transferor to, a **FOREIGN TRUST**? Yes ( ) No ( )

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

Signature: \_\_\_\_

Date: