

SCHOPPE'S Tax Service, Inc.

508 W TYSON AVE
CAMERON TX 76520

2015 "NEW" TAX CLIENT INFORMATION FORM

Personal Information:

Taxpayer Name: _____ SSN: _____

Date of Birth: _____ Taxpayers Occupation: _____

Spouses Name: _____ SSN: _____
(Name listed on Social Security Card)

Date of Birth: _____ Spouses Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business: _____

E-Mail Address _____

Your Filing Status, AS OF DECEMBER 31ST. Please Check One:

Single () Married Filing Joint () Married Filing Separate () Head of Household ()

Your Dependents: (We need Copies of Social Security Cards for Proper IRS/SS Matching)

Name: _____ SSN: _____ Date of Birth: _____

Relationship: _____ Months lived with you 2015? _____

Name: _____ SSN: _____ Date of Birth: _____

Relationship: _____ Months lived with you 2015? _____

Name: _____ SSN: _____ Date of Birth: _____

Relationship: _____ Months lived with you 2015? _____

Name: _____ SSN: _____ Date of Birth: _____

Relationship: _____ Months lived with you 2015? _____

(Please continue on back of this form)

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 ()

Direct Deposit or Direct Debit Request:

***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.

Signature: _____
(Taxpayer)

Date: _____

Signature: _____
(Spouse)

Date: _____

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