

SCHOPPE'S Tax Service, Inc.

508 W TYSON AVE
CAMERON TX 76520

2017 "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

DRIVERS LICENSE: A response regarding Drivers License or State Identification for E-filing is now mandatory. Please check the appropriate box indicating your compliance.

Driver's License submitted for verification: Taxpayer Spouse

I do not have a Driver's License or State Identification: Taxpayer Spouse

I did not provide a Drivers License or State Identification: Taxpayer Spouse

Signature: _____ Date: _____
(Taxpayer)

Signature: _____ Date: _____
(Spouse)

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