

Client Information			
Taxpayer	Spouse		
Last Name: _____	Last Name: _____		
First Name: _____	First Name: _____		
Middle Initial: _____ Suffix: _____	Middle Initial: _____ Suffix: _____		
Social Security # _____ - _____ - _____	Social Security # _____ - _____ - _____		
Birthdate: _____ / _____ / _____	Birthdate: _____ / _____ / _____		
Occupation: _____	Occupation: _____		
(Please check for preferred contact number)	(Please check for preferred contact number)		
<input type="checkbox"/> Cell: _____	<input type="checkbox"/> Cell: _____		
<input type="checkbox"/> Home: _____	<input type="checkbox"/> Home: _____		
<input type="checkbox"/> Work: _____	<input type="checkbox"/> Work: _____		
Email: _____	Email: _____		
Mailing Address:			
Street / PO Box: _____ City: _____ State: _____ Zip: _____			
Physical Address: <input type="checkbox"/> (Same)			
Street: _____ City: _____ State: _____ Zip: _____			
Child / Dependent Information			
Name (First, Middle, Last)	Date of Birth	Social Security #	Relationship
Economic Stimulus Payments			
<div style="text-align: center;">Yes No</div> Did you receive the EIP3 payment in 2021 <input type="checkbox"/> <input type="checkbox"/> If yes, how much \$ _____ (\$1,400 / person)			
<div style="text-align: center;">Yes No</div> Did you receive the Advanced Child Tax Credits <input type="checkbox"/> <input type="checkbox"/> If yes, we must have IRS letter 6419.			
Direct Deposit of Refund			
<div style="text-align: center;">Yes No</div> If you are due a refund, would you like to receive it as a direct deposit? <input type="checkbox"/> <input type="checkbox"/>			
If yes, Name of Bank: _____ <div style="display: inline-block; margin-left: 100px;">             Checking <input type="checkbox"/> or Savings <input type="checkbox"/> </div>			
Routing Number: _____			
Account Number: _____			

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