

Primary Full Legal Name:		Primary DOB:	
		Primary SSN/TIN:	
Spouse Full Name:		Spouse DOB:	
		Spouse SSN/TIN:	
Filing Status:	<input checked="" type="checkbox"/> S <input type="checkbox"/> HOH <input type="checkbox"/> MFJ <input type="checkbox"/> MFS		
Mailing Address:			
Phone #: Home:	Cell:	Work: Ext:	Spouse:
E-mail:	<p>***All Clients Tax Return will now be automatically electronically filed upon payment unless you request paper mail.</p> <p>***All Clients tax return copies will be emailed in PDF format. PaperCopy: \$10 Mail tax packet to client: \$7 (documents over \$100, \$10)</p>		
Dependent(s)			
Dependent 1 Full Legal Name:		D1-DOB:	
		D1-SSN/TIN:	
Dependent 2 Full Legal Name:		D2- DOB:	
		D2-SSN/TIN:	
Dependent 3 Full Legal Name:		D3- DOB:	
		D3- SSN/TIN:	
Direct Deposit: <input type="checkbox"/> saving <input type="checkbox"/> checking	Routing#:	Account#:	
Bank Name:			
Prepaid: <input type="checkbox"/> YES <input type="checkbox"/> NO	Fee:		
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC			