



Please refer to the tax checklist for more information

Client Name:  
 Occupation:  
 SSN:  
 DOB:  
 Phone Number:  
 Email:

Client Name:  
 Occupation:  
 SSN:  
 DOB:  
 Phone Number:  
 Email:

Address:  
 City, State, Zip:

**Dependent 1:**  
 Name:  
 SSN:  
 DOB:  
 Relationship to you:  
 Did you provide more than ½ of dependents support Y/N

**Dependent 2:**  
 Name:  
 SSN:  
 DOB:  
 Relationship to you:  
 Did you provide more than ½ of dependents support Y/N

**Dependent 3:**  
 Name:  
 SSN:  
 DOB:  
 Relationship to you:  
 Did you provide more than ½ of dependents support Y/N

**Dependent 4:**  
 Name:  
 SSN:  
 DOB:  
 Relationship to you:  
 Did you provide more than ½ of dependents support Y/N

Would you like to receive your refund (if any) as a direct deposit to your banking institution Y/N \_\_\_\_\_

Institutions name: \_\_\_\_\_  
 ABA/Routing number: \_\_\_\_\_  
 Name(s) on account: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Checking or Savings: \_\_\_\_\_

I/We certify that the information on this and any other forms submitted is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_