CLIENT INFORMATION SHEET

(Please complete and include with tax documents for <u>each</u> tax filer) (You may also upload this document to your client portal)

raxpayer mame						
Address						
City, State, ZIP						
Phone Number						
Email Address						
DRIVER'S LICEN ID for each family me						
Name		Issuing State	ID#	Issue Date	Expiration Date	
award, or compensati		YES 🗖	NO 🗖		sset	
Type Account (circle selection)		Checking		Sa	Savings	
Routing Number						
Account Number						
CLIENT COPY O	F TAX RI	l Digital cop	ase select an opt by in client porta y with client folc	I		
DELIVERY OPTION	Pick up completed return at our office Mail completed return (additional shipping/handling fee of \$15)					
NOTES FOR PRE	EPARER:			s that will assist the dents, changes to fi		