

THE TAX PLACE

CLIENT INFORMATION

PRIMARY NAME _____ SPOUSE NAME _____

HAD CREDITABLE HEALTH INSURANCE ALL OF 2017? YES NO HAD CREDITABLE HEALTH INSURANCE ALL OF 2017? YES NO

SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____

OCCUPATION _____ OCCUPATION _____

PHONE _____ PHONE _____

EMAIL _____ EMAIL _____

ID Type: License _____ State ID _____ Passport _____ ID Type: License _____ State ID _____ Passport _____

#: _____ Issued: _____ Exp: _____ #: _____ Issued: _____ Exp: _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____ DID YOU MOVE THIS YEAR? YES NO

DEPENDENTS NAME (FIRST, INITIAL, AND LAST)	BIRTHDATE	SSN	RELATIONSHIP	# MONTHS LIVED WITH YOU LAST YEAR?	CREDITABLE HEALTH INS. ALL OF 2017?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

LIVING ARRANGEMENTS

MONTHLY RENT: _____ # OF MONTHS: _____ LANDLORD'S NAME: _____

OWN: IS THE HOUSE IN YOUR NAME? YES NO AMOUNT OF PROPERTY TAXES PAID IN 2017: _____

REFUND & DELIVERY SELECTION

- IRS DIRECT DEPOSIT - YOU PAY FOR YOUR TAX PREP FEES TODAY, NO ADDITIONAL CHARGE
- IRS CHECK - YOU PAY FOR YOUR TAX PREP FEES TODAY, NO ADDITIONAL CHARGE
- BANK PRODUCT: DEBIT CARD - YOU PAY NOTHING TODAY, TAX PREP FEES ARE DEDUCTED FROM YOUR REFUND - \$29.95 BANK FEE (SAVE \$10)
- BANK PRODUCT: DIRECT DEPOSIT - YOU PAY NOTHING TODAY, TAX PREP FEES ARE DEDUCTED FROM YOUR REFUND - \$39.95 BANK FEE
- BANK PRODUCT: CHECK - YOU PAY NOTHING TODAY, TAX PREP FEES ARE DEDUCTED FROM YOUR REFUND - \$39.95 BANK FEE

DIRECT DEPOSIT INFO: CHECKING SAVINGS RTN _____ ACCT # _____

WOULD YOU LIKE YOUR TAX RETURN DELIVERED VIA: PAPER COPY PDF COPY VIA EMAIL

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION SUPPLIED ABOVE. ALL INFORMATION IS TRUE AND CORRECT AND I TAKE FULL RESPONSIBILITY FOR THE INFORMATION PROVIDED AND THE FINAL PRODUCT AS I DIRECT IT TO BE FILED.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____