

BEAVERCREEK TAX SERVICE

RETURNING / NEW CLIENT INFORMATION SHEET

NOTE: ALL NAMES SHOULD BE WRITTEN AS SHOWN ON SOCIAL SECURITY CARD

TAXPAYER'S NAME: LAST _____ FIRST _____ MI _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Occupation: _____ Phone No. _____
Email Address: _____
Street Address: _____
City _____ State: _____ ZIP _____

MARITAL STATUS: (circle one) SINGLE MARRIED SEPARATED OTHER: _____

IF MARRIED PLEASE FILL OUT SECTION BELOW:

SPOUSE'S NAME: LAST _____ FIRST _____ MI _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Occupation: _____

DEPENDENTS:

FULL NAME _____ Relationship to Taxpayer _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Months in Home _____

FULL NAME _____ Relationship to Taxpayer _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Months in Home _____

FULL NAME _____ Relationship to Taxpayer _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Months in Home _____

1) Dependent age 19-24 in school last year? Yes/No

2) Dependent have Taxable Income (> \$4,400) and did they file their return? Yes/No

HOW DID YOU HEAR ABOUT US: Referred By: _____ Coupon, Internet, etc. _____

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

REMINDER FOR NEW CLIENTS: We will be needing your PRIOR YEAR'S TAX RETURN.