

NEW CLIENT INFORMATION SHEET

Please fill out this form and return it to the front desk with your government-issued ID.

Client Information										
Primary Taxpayer SSN: _	-	Marital Status:	□ Married □	∃Single □ W	/idow/er					
First & Last Name:			Birth date:		J Day Year					
Occupation:				MONUT L	real					
Daytime Phone: _	-	_ Cell Phone:	-							
Evening Phone: _	-	_ Email:								
Home Address:										
	House number & Street	City		State	Zipcode					
Spouse SSN: _		☐ Deceased wit	thin the last 12 months		J Day Year					
Spouse First & Last Name:			Birth date:							
Occupation:				Month E	Pay Year					
Cell Phone: _		_ Email:								
Are you active duty military or a reservist? □ Yes □ No										
Dependents *If your dependent is not	the biological child of at least one of the	taxpayers, please indicate the	legal relationship next t	to their name.						
First & Last Name	<u>\$</u>	SSN Male/F	emale	Date of Birth						
	- _	M /	/ F	_//_						
	_	M /	/ F	_//_						
	- _	M /	/ F	_//_						
	- _	M /	/ F	_//_						
		M /	/ F	_//_						
Direct Deposit: This information is used only for the delivery of government refunds and stimulus payments.										
				☐ Checking	☐ Savings					
Bank name	Bank routing number	Bank account number								
Please continue on the other side										

Your Appoint	ment \square I have	an appointment	□ I am a w	alk-in							
How did you h	ear about us?										
	☐ Banner or building sign										
	□ Advertisement (newspaper, flyer, etc):										
	□ Online (Facebook, Google, Yelp, etc):										
	☐ Referral:			_							
All Services											
	lo you require?										
	t apply; if you require busing	ess services, please i	request a Business Info	ormation Sheet.							
Year	Type Please mark all that ap	pply			Notes (stimulus amounts, ACTC amounts, etc)						
	☐ Drop-off service:	☐ Tax Return	☐ Amendment	☐ IRS Assistance							
	☐ Drop-off service:	☐ Tax Return	☐ Amendment	☐ IRS Assistance							
	☐ Drop-off service:	☐ Tax Return	□ Amendment	☐ IRS Assistance							
	☐ Drop-off service:	☐ Tax Return	☐ Amendment	☐ IRS Assistance							
Additional No	ites										
Additional No											
01											
distribute my per law, after which t	rsonal information witho	out my consent. Pe ed of in a secure m	elican Tax Services nanner. Pelican Tax	will keep my records or	Tax Services will not sell, release, or otherwise in file as required by IRS regulations and state insible for discrepencies on your tax return which						
Primary Taxpayer Signature				Date							
Spouse Signature					Date						