

# CLIENT INFORMATION SHEET

## PERSONAL INFORMATION

	Taxpayer	Spouse
Last name.....	_____	_____
First name.....	_____	_____
Middle Initial or Suffix....	_____	_____
Social Security #.....	_____	_____
Occupation.....	_____	_____
Home Phone.....	_____	_____
Work Phone.....	_____	_____
Cell Phone.....	_____	_____
Best Contact # (Circle).	Home      Work      Cell	Home      Work      Cell
Fax #.....	_____	_____
E-mail address.....	_____	_____
Date of Birth.....	_____	_____

Street address..... Apt No....  
 City..... State..... Zip code... County.....

## DEPENDENT INFORMATION (NO ONE ELSE CAN CLAIM)

	Dependent #1	Dependent #2	Dependent #3	Dependent #4
Last name (if different)..	_____	_____	_____	_____
First Name.....	_____	_____	_____	_____
Social Security #.....	_____	_____	_____	_____
Date of Birth.....	_____	_____	_____	_____
Relationship.....	_____	_____	_____	_____

## ELECTRONIC FILING

If your return(s) are eligible for electronic filing and you are receiving a refund, would you like to have your refund(s) direct deposited?     YES             NO

If your return(s) are eligible for electronic filing and you have an amount due, would you like to pay your balance(s) due electronically?     YES             NO

If you answered yes to any of these questions please include a voided check from the account that you wish to use

Account type.....  CHECKING             SAVINGS

**\*\*If you received a letter from the IRS assigning you a Identity Protetion Personal Identification Number please include a copy of the letter. This is necessary for the return to be e-filed and will be rejected without your PIN.\*\***

## COMMON CENTS ACCOUNTING SERVICES CONTACT INFORMATION

	Office	Office Fax	E-Mail	Cell/Text (emergencies)
Marybeth.....	513-843-7500	513-672-0006	marybeth@tax-cents.com	513-518-8358
Mindy.....	513-843-7500	513-672-0006	mindy@tax-cents.com	513-401-4938

www.tax-cents.com  
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