

Tax-Return Preparation – Client Intake Form**Name:** _____ **Date of birth:** ____ / ____ / ____**Email:** _____ **Phone:** (_____) _____**Social Security Number:** _____ **Occupation:** _____**Address:** _____**Preferred Method of Communication (Circle):** **Phone** **Text** **Email***If you are not married, ignore this section:***Spouse Name:** _____ **Date of Birth:** ____ / ____ / ____**Email:** _____ **Phone:** (_____) _____**Social Security Number:** _____ **Occupation:** _____*If you do not have dependents, ignore this section:***Child Name:** _____ **Date of Birth:** ____ / ____ / ____**SSN#:** _____ **Grade/School:** _____**Child Name:** _____ **Date of Birth:** ____ / ____ / ____**SSN#:** _____ **Grade/School:** _____*Other Dependent(s), as applicable:***Name:** _____ **Date of Birth:** ____ / ____ / ____**SSN#:** _____ **Grade/School:** _____*Banking Information (for deposit of refund, if applicable)(optional):***Account Number:** _____**Routing Number:** _____**Name of Institution:** _____*Driver's License Information:***License Number:** _____ **Spouse License Number:** _____**Issue Date:** ____ / ____ / ____ **Spouse Issue Date:** ____ / ____ / ____**Expiration Date:** ____ / ____ / ____ **Spouse Exp. Date:** ____ / ____ / ____**Document #:** _____ **Spouse Doc #:** _____*The license document number is located either on the bottom right of the front of the license or the "IDUSA" # on the back of the license.*