



# Client Information Sheet

Tax Year: \_\_\_\_\_

## Taxpayer

Name \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_ ☐ Cell Phone

Email \_\_\_\_\_

## Spouse

Name \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_ ☐ Cell Phone

Email \_\_\_\_\_

Marital status: ☐ Married ☐ Never Married ☐ Divorced ☐ Widowed ☐ Separated

Who to contact for questions \_\_\_\_\_ Best method of contact \_\_\_\_\_

Address \_\_\_\_\_ ☐ Own (or buying) ☐ Renting ☐ Other

\_\_\_\_\_ School district \_\_\_\_\_

**Please complete this section if you have dependents. Do not include spouse. Use back if needed.**

Dependent Information	SSN	Date of Birth	Check if:			Relationship (son, daughter, grandchild, etc.)	Months in your home during tax year
			Disabled	Student	Married		
Full Name (as shown on Social Security Card)							

## How did you hear about us?

- ☐ Referred by \_\_\_\_\_  
(Name required above to receive benefit)
- ☐ Facebook
- ☐ Google Search
- ☐ Walk-in/Drove by
- ☐ Community Event
- ☐ Other \_\_\_\_\_

## Tax Refund Direct Deposit Account

Bank name \_\_\_\_\_

Routing # \_\_\_\_\_

Acct # \_\_\_\_\_

☐ Checking or ☐ Savings

\*Direct debit also available

Please present your Drivers License or State ID  
to a team member to record in your file.

Full payment for services is due when signing the completed return. I acknowledge that if I choose not to have Integrity Tax Group complete my return, for any reason, Integrity Tax Group reserves the right to charge a \$150 service fee to compensate tax advisors for their time and expertise.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

A signature from taxpayer or spouse indicates agreement from both parties (if applicable).