

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Returning Clients: Please provide any changes to prior year’s information.**

**Business Clients: Please complete any information that is applicable.**

Client Information:

Client Name: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_ Spouse Birthdate\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Billing Address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS# (EIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior year return\_\_\_\_\_

Filing Status: Married/joint \_\_\_\_\_\_\_ Married/single \_\_\_\_\_\_\_ Single \_\_\_\_\_\_ Qualifying Widow \_\_\_\_\_\_\_ Head of Household \_\_\_\_\_\_\_

Contact Information:

Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Deposit Information:

Name on the account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking \_\_\_\_\_\_\_\_ Savings \_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACH A VOIDED CHECK HERE:**

Other: **Business Clients: Any change in ownership?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual: Please list Children/Dependents: Name, Birthdate, SS #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office use Only**

Data Entered: (Initial and date)

ImagineTime: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ultra Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_