

# NEW CUSTOMER INFORMATION

Name(s) on return: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address, if different: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Telephone Best time to call: \_\_\_\_\_ or \_\_\_\_\_ Email

Marital status: \_\_\_ Single, or \_\_\_ Married, or \_\_\_ Head of Household (single person with dependent)

Dependents:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Childcare? \_\_\_ Yes/No Amount: \$ \_\_\_\_\_ College? \_\_\_ Yes/No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Childcare? \_\_\_ Yes/No Amount: \$ \_\_\_\_\_ College? \_\_\_ Yes/No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Childcare? \_\_\_ Yes/No Amount: \$ \_\_\_\_\_ College? \_\_\_ Yes/No

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Childcare? \_\_\_ Yes/No Amount: \$ \_\_\_\_\_ College? \_\_\_ Yes/No

If the answer to any of the following questions is YES, please check the box and attach an explanation sheet or use the back of this sheet:

- Were any of your dependents between 19 and 24 and not enrolled in school at least 5 months?
- Did any of your children over 18 have earned income of more than \$4,000?
- Did you or your spouse make any gifts valued at more than \$14,000 during 2015?
- Did you pay or collect alimony during 2015?
- Did you start a business or farm during 2015?
- Did you receive any income not represented by a W-2, 1099, or otherwise not reported with your general tax information?
- Do you have receipts and records to support your expenses? I don't necessarily need to see them but you must have them available in the event of questions from the IRS.
- Did you and all of your dependents have health insurance coverage for 2015? If not, please list who did not and for which months (remember: one day of coverage counts for coverage for that month so actual dates are important)
- If you have a refund due, do you want it direct deposited into your bank account? If YES, please provide banking information below, even if it has NOT CHANGED.
- Check here if you do NOT want your tax return electronically filed.

**BARBARA'S TAX SERVICE**

(940) 964-2693/Office

(940) 393-3590/Mobile

# NEW CUSTOMER INFORMATION

**Banking information for direct deposit of your refund:**

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Mark One:**

- Checking**
- Savings**

**If you have a tax due, do you want that amount automatically deducted from your bank account?**

- YES, on this date (no later than April 18, 2016):** \_\_\_\_\_
- NO**

**Other General Questions (check box if yes):**

- Do you have any prior tax return issues still outstanding? If yes, explain:**

\_\_\_\_\_

- How did you hear about Barbara's Tax Service?**

\_\_\_\_\_

**DON'T FORGET TO INCLUDE YOUR SIGNED ENGAGEMENT LETTER**