

Annual Client Information

Due to IRS regulation, you will be asked to complete all information annually.

COMPLETE THE FOLLOWING INFORMATION: Please fill in names as they appear on the social security cards.

Primary Taxpayer Name _____ SSN _____ Birthdate _____

Occupation: _____ Email Address: _____

Spouse Name _____ SSN _____ Birthdate _____

Occupation _____ Email Address: _____

Street Address _____ School District _____

City, State & Zip _____ Joint? Main Contact for tax purposes? _____

Taxpayer Cell Phone _____ Spouse Cell Phone _____

DID YOU MOVE DURING THE YEAR? _____ IF YES, DATE OF MOVE? _____

Prior Address _____

Please list anyone living in your home with you (either full-time or part-time).

Can you be claimed as a dependent by another taxpayer? If yes, by whom: _____

How do you want the copy of your tax return given to you? Paper Portal Thumb drive

Are you a new client? How did you find out about us? _____

Rainbow Accounting recommends that ALL payments be made Electronically. If you need help with this, please ask.

If you owe taxes or need to make estimated tax payments during the year, how would you like to make those payments? We can also have payments electronically deducted from your account on April 15th (or another day).

_____ I want my payments to be electronically scheduled. April 15th _____ Date of Processing _____

_____ I will write a check and want payment vouchers and envelopes provided.

_____ I will pay electronically and DO NOT want payment vouchers or envelopes provided.

If you have a refund, do you want: Check Mailed OR Direct Deposit

If Deposit, Bank Name _____ Acct Type: __Checking OR __Savings

Routing # _____ Acct # _____

Please provide a voided check if we do not have one on file for verification purposes.

NEW: Account MUST match taxpayer's name or the direct deposit will not go through.

****It is the taxpayer's responsibility to double check the bank routing and account numbers****
****on the final tax return. You will be asked to sign that verification page.****

I have reviewed the above and verify, to the best of my knowledge, all information is true and correct.

Signature of Person Completing this Form. Date _____