

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: \_\_\_\_\_

\*\*\*Can we contact you via your email with questions, for newsletters or other business related information? Yes / No

Spouse Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\*Can we contact you via your email with questions, for newsletters or other business related information? Yes / No

Street Address \_\_\_\_\_ School District \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

DID YOU MOVE DURING THE YEAR? \_\_\_\_NO 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

If you owe taxes or need to make estimated tax payments during the year, how do you make those payments?

\_\_\_\_\_ 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.

\*\*\*\*There is also the option of having payments made, on a date of your choosing, within the tax return. There is no additional charge for this service.

Due to the continuing issues at IRS, RAS recommends that all payments be made Electronically. If you need help with this, please ask.

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

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

If Deposit, Bank Name \_\_\_\_\_ 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.

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 \_\_\_\_\_