

Annual Client Information  
For Use Only By Rainbow Accounting Services, LLC

**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 Dist \_\_\_\_\_

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** \_\_\_\_\_

**LIST ALL ADDITIONAL MEMBERS OF THE HOUSEHOLD (PART- & FULL-TIME):**

Name	SS #	Birthdate	Relationship

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

**If you are 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** \_\_\_\_\_

**Routing #** \_\_\_\_\_ **Acct #** \_\_\_\_\_

**Checking**    **OR**    **Savings**

If yes, a voided check is needed for verification (even if we have the numbers on file)

**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.**

\_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Person Completing this Form.