**Client Information**

**\*\*Annual Client Update is IRS Mandated\*\***

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| ***Received Date*:** Click or tap to enter a date.[ ]  **New Client** [ ]  **If new, prior yr return included**Choose an item. | ***Tax Year*:** Click or tap here to enter text. |

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| --- | --- | --- | --- |
| ***Last Name*** Click or tap here to enter text. | ***First Name, MI***Click or tap here to enter text. | ***Social Security* #** Click or tap here to enter text. | ***Date of Birth***Click or tap to enter a date. |
| ***Driver’s License Information Required***[ ]  **N/A** [ ]  ***Picture included*** | ***State & Number***Click or tap here to enter text. | ***Issue date***Click or tap to enter a date. | ***Expiration Date***Click or tap to enter a date. |
| **Mobile Phone**Click or tap here to enter text. | ***Home Phone***Click or tap here to enter text. | ***Email*** Click or tap here to enter text. |
| ***Spouse Last Name***Click or tap here to enter text. | ***First Name, MI***Click or tap here to enter text. | ***Social Security* #**Click or tap here to enter text. | ***Date of Birth***Click or tap to enter a date. |
| ***Driver’s License Information* *Required***[ ]  **N/A**[ ]  ***Picture included*** | ***State & Number***Click or tap here to enter text. | ***Issue date***Click or tap to enter a date. | ***Expiration Date***Click or tap to enter a date. |
| ***Mobile Phone***Click or tap here to enter text. | ***Home Phone***Click or tap here to enter text. | ***Email*** Click or tap here to enter text. |
| ***Address***Click or tap here to enter text. |
| ***City***Click or tap here to enter text. | ***State***Click or tap here to enter text. | ***Zip***Click or tap here to enter text. |

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| ***Filing Status*** Choose an item. | ***Direct Deposit Information*** [ ]  ***N/A****Bank*: Click or tap here to enter text.*Rtg*: Click or tap here to enter text. *Acct*: Click or tap here to enter text. *Client initials* Click or tap here to enter text. ***Required***  |
| ***Client return copies (Choose one)***Choose an item. |
| ***Client Data:******My original documents:*** [ ]  ***NA/portaled*** [ ]  ***Destroy*** [ ]  ***Pick Up*** [ ]  ***Mail - $25 Fee*** [ ]  ***I understand that Taxico Financial will not keep my original documents. Upon 31 days from contact date that file is complete, my originals will be destroyed following IRS mandates for destruction of personal documentation. If this box is left unchecked, I will not receive my original documents back and they will be destroyed following IRS mandates of destruction of personal documents*** |

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| --- | --- | --- | --- | --- | --- | --- |
| **\*\*** | ***Dependent First Name*** | ***Dependent Middle Initial*** | ***Dependent Last Name*** | ***Social Security #*** | ***Date of Birth*** | ***Relationship*** |
| 1[ ]  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| 2[ ]  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| 3[ ]  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

**\*\*New client dependent documentation included. (ie birth certificate and social security card)**

**I certify that I have reviewed the information above, and it is correct to the best of my knowledge. *Failure to complete this form will cause delays in processing my return.***

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| --- | --- |
|  | Click or tap to enter a date. |

***Client Signature* *Required***