COLEMAN ENTERPRISES TAX SERVICE 4822 Waywood Dr. ZACHARY, LA 70791 (225) 654-8999 ph • (225) 658-4928 fax

CLIENT DATA SHEET

*** All Clients Filing Electronically Must Use the Name and Social Security Number that Exists ***

*** on the Social Security Card and on File with the Social Security Administration ***

Taxpayer's Full Name: Social Security Number: Date of Birth: Home Phone: Work Phone: Occupation Email: Address:			Spouse's Full Name: Social Security Number: Date of Birth: Other: Work Phone: Occupation Email:	
			S FEBRUARY 12, 2021 s, and Dependent's Social Secu	
Dependent's Information				
NAME		BIRTH DATE	SOCIAL SECURITY NUMBER	RELATIONSHIP
REFUND ANTICIPATION LOAN (RAL) or DIRECT DEPOSIT CAPABILITIES (RT) INFORMATION ************** Need two forms of identification – One must be Picture ID w/ Signature ********** Copy Driver's License				
Current Employer's Name:			Phone	#:
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Client must sign the Refund Anticipation Loan and RAL Account Application and Agreement. Then compare that signature with the signature on the Client's Social Security Verification or forms of identification. Also, verify that the primary filer's name on the Tax Return Form (1040EZ, 1040A, or 1040) being filed matches exactly the name listed on the social security verification.