



SUPERIOR

TAX SOLUTIONS, INC

NEW CLIENT INFORMATION

NAME(S)			
EMAIL ADDRESS			
PHONE NUMBER			
STREET ADDRESS			
CITY, STATE, ZIP			
DATE OF BIRTH		OCCUPATION	

Direct Deposit my Refund into my Bank Account FREE OF CHARGE.

Bank Name	Routing Number (9 digits)	Account Number

SPOUSE'S INFORMATION (if no spouse leave blank)

NAME			
DATE OF BIRTH		OCCUPATION	

DEPENDENT'S INFORMATION (if no dependent leave blank)

NAME	DATE OF BIRTH	RELATIONSHIP
1		
2		
3		
4		
5		

If available please email a copy of last years return with this form.