

Queen of Taxes Tax Services
1539 N Cotner Suite A
Lincoln, Ne 68505

TAX CLIENT INFORMATION SHEET

1. TAXPAYER / SPOUSE INFORMATION	TAXPAYER	SS#
	SPOUSE	SS#
FULL NAME (as shown on social security card):		
	Date of Birth	MM: DD: Year:
Occupation:	Do you want to contribute to the presidential campaign? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPOUSE FULL NAME (as shown on social security card):		
	Date of Birth	MM: DD: Year:
Occupation:	Do you want to contribute to the presidential campaign? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

MARITAL STATUS (check one):	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widower	<input type="checkbox"/> Civil Union
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STREET ADDRESS:		
CITY:	STATE:	ZIP:
Daytime Phone Number: () -	How late may we contact you?:	
Evening Phone Number: () -	How late may we contact you?:	
Who may we thank for referring you to Tax Leaders Inc. ?	<input type="checkbox"/> Facebook	<input type="checkbox"/> www
	<input type="checkbox"/> Friend (please provide with the name):	
	<input type="checkbox"/> Other:	

2. EXEMPTIONS
Please complete the following as applicable.

	Name (as shown on SS card)	Date of Birth	Social Security Number	Relationship to Taxpayer	Months in Home
Dependent			() -		
Dependent			() -		
Dependent			() -		
Dependent			() -		
Dependent			() -		

3. REFUND

If you are receiving a refund, please tell us how you would like to receive the refund. (check only one)

<input type="checkbox"/>	Refund Anticipation Loan (fees deducted from your refund)
<input type="checkbox"/>	Deposit Check (9 - 15 days - fees deducted from your refund)
<input type="checkbox"/>	Direct deposit to your account (9 - 15 days - fees paid up front)
<input type="checkbox"/>	Check in mail (approx. 3 weeks - fees paid up front)
<input type="checkbox"/>	I'd prefer to make that decision when I know my refund amount

4. ADDITIONAL INFORMATION REQUIRED

To provide you the very best and quality service, we need a copy of all persons whose name will be shown on your tax return, driver's licenses, social security cards and / or college Ids. Also, please have a copy of your prior year's tax return with you, if you did not use us last year to file your tax return.

5. SIGNATURE

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

IF I CHOOSE NOT TO COMPLETE THE RETURN, UPON TAX INFORMATION BEING INPUT INTO THE COMPUTER BY A TAX PREPARER, THERE WILL BE A \$40.00 DOLLAR CONSULTATION FEE.

SIGNATURE: _____ DATE: _____