


**Client Information**

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

<b>Received Date:</b> Click or tap to enter a date. <input type="checkbox"/> <b>New Client</b> <input type="checkbox"/> Last Yr Return <div style="background-color: yellow; padding: 2px; display: inline-block; margin-top: 5px;"><b>Choose an item.</b></div>	<b>Tax Year:</b> <div style="text-align: center; color: red; font-size: 1.2em; font-weight: bold; margin-top: 10px;">Choose an item.</div>
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<b>Last Name</b> Click or tap here to enter text.	<b>First Name, MI</b> Click or tap here to enter text.	<b>Social Security #</b> Click or tap here to enter text.	<b>Date of Birth</b> Click or tap to enter a date.
<b>Issue date</b> Click or tap here to enter text.	<b>State &amp; Number</b> Click or tap here to enter text.	Click or tap to enter a date.	<b>Expiration Date</b> Click or tap to enter a date.
<b>Mobile Phone</b> Click or tap here to enter text.	<b>Home Phone</b> Click or tap here to enter text.	<b>Email</b> Click or tap here to enter text.	
<b>Spouse Last Name</b> Click or tap here to enter text.	<b>First Name, MI</b> Click or tap here to enter text.	<b>Social Security #</b> Click or tap here to enter text.	<b>Date of Birth</b> Click or tap to enter a date.
<b>Driver's License Information</b> <input type="checkbox"/> N/A	<b>State &amp; Number</b> Click or tap here to enter text.	<b>Issue date</b> Click or tap to enter a date.	<b>Expiration Date</b> Click or tap to enter a date.
<b>Mobile Phone</b> Click or tap here to enter text.	<b>Home Phone</b> Click or tap here to enter text.	<b>Email</b> Click or tap here to enter text.	
<b>Address</b> Click or tap here to enter text.			
<b>City</b> Click or tap here to enter text.	<b>State</b> Click or tap here to enter text.		<b>Zip</b> Click or tap here to enter text.

<b>Filing Status</b> <div style="background-color: yellow; padding: 5px; text-align: center; font-weight: bold; font-size: 1.1em;">Choose an item.</div>	<b>Direct Deposit Information</b> Bank: <a href="#">Click or tap here to enter text.</a> Rtg: <a href="#">Click or tap here to enter text.</a> Acct: <a href="#">Click or tap here to enter text.</a>  Client initials _____
<b>Client copies</b> <div style="background-color: yellow; padding: 5px; text-align: center; font-weight: bold; font-size: 1.1em;">Choose an item.</div>	

**Client Data:**

Req review prior to filing

Return originals to client    Pick Up    Mail - \$10 Fee

Destroy Originals

**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**

**	Dependent First Name	Dependent Middle Initial	Dependent Last Name	Social Security #	Date of Birth	Relationship
1 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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.
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**\*\*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.**

Client Signature	Date Click or tap to enter a date.
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**SIGN HERE**