

**TAX TIME INCOME TAX SERVICES, INC**

**NEW CLIENT INFORMATION**

**Primary Taxpayer:**

**Spouse:**

\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_

**Phones**

\_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Home \_\_\_\_\_

\_\_\_\_\_ Work \_\_\_\_\_

**E-Mail**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dependents:**

Name	Social Security #	Relationship	Date of Birth	Months in Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Filing Status:** (circle one)

Single

Married Filing Joint

Married Filing Separate

Head of Household

**How did you hear about us?** Our sign \_\_\_\_\_ Internet \_\_\_\_\_ other \_\_\_\_\_

Referral by \_\_\_\_\_

***NOTE:*** Payment is required when returns are completed. A deposit will be required for new clients who wish to drop off their information and pick up completed returns at a later date.

**Please indicate how you wish to pay:** Credit/Debit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Refund Anticipation Check \_\_\_\_\_ (NOTE: Bank Fees apply. All fees deducted from Federal Refund)

***Thank you for choosing Tax Time Income Tax Services, Inc. to assist you with you return***