



# EUBANKS TAX SERVICE

## CLIENT INFORMATION SHEET

Please fill out this form and return it to the front desk with your government-issued ID.

### Client Information

Primary Taxpayer SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: ☐ Married ☐ Married Filing Separate\*  
☐ Dependent ☐ Widow/er ☐ Single  
First & Last Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
Occupation: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
House number & Street City State Zipcode

\*Spouse Taxpayer SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Deceased within the last 12 months \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
\*First & Last Name: \_\_\_\_\_ \*Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
Occupation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you active duty military or a reservist? ☐ Yes ☐ No

**Dependents:** If either of the taxpayers above are not the biological parent, proof of residency and relationship to the taxpayers is required

<u>First &amp; Last Name</u>	<u>Biological child of Taxpayer &amp; Spouse?</u>	<u>SSN</u>	<u>Male/Female</u>	<u>Date of Birth</u>
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____
_____	<input type="checkbox"/> No	_____ - _____ - _____	M / F	_____ / _____ / _____

**Direct Deposit:** This information is used only for the delivery of government refunds and stimulus payments.

\_\_\_\_\_ ☐ Checking ☐ Savings

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*Bank name*

*Bank routing number*

*Bank account number*

**Please continue on the other side**



**Your Appointment**

☐ I have an appointment

☐ I am a walk-in

☐ I am dropping off

What service do you require?  
*Please mark all that apply; if you require business services, please request a Business Information Sheet.*

Tax Year	Type	<i>Please mark all that apply</i>					
<div></div>	<input type="checkbox"/> Tax Return	<input type="checkbox"/> Amendment	<input type="checkbox"/> Consultation	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Business Formation	<input type="checkbox"/> Other	
	<div>Other:</div>						
<div></div>	<input type="checkbox"/> Tax Return	<input type="checkbox"/> Amendment	<input type="checkbox"/> Consultation	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Business Formation	<input type="checkbox"/> Other	
	<div>Other:</div>						
<div></div>	<input type="checkbox"/> Tax Return	<input type="checkbox"/> Amendment	<input type="checkbox"/> Consultation	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Business Formation	<input type="checkbox"/> Other	
	<div>Other:</div>						
<div></div>	<input type="checkbox"/> Tax Return	<input type="checkbox"/> Amendment	<input type="checkbox"/> Consultation	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Business Formation	<input type="checkbox"/> Other	
	<div>Other:</div>						

**Do you have any specific concerns?**

**Signature**

*All information provided by me to Eubanks Legacy Tax Service is given truthfully and in good faith. Eubanks Legacy Tax Service will not sell, release, or otherwise distribute my personal information without my consent. Pelican Tax Services will keep my records on file as required by IRS regulations and state law, after which time they will be disposed of in a secure manner. Eubanks Legacy Tax Service is not responsible for discrepancies on your tax return which are due to incomplete, concealed, or false information, whether it may be accidental or otherwise.*

<div></div> <div>Primary Taxpayer Signature</div>	<div></div> <div>Date</div>
<div></div> <div>Spouse Signature</div>	<div></div> <div>Date</div>