



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:	<input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separate* <input type="checkbox"/> Dependent <input type="checkbox"/> Widow/er <input type="checkbox"/> 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

First & Last Name	Biological child of Taxpayer & Spouse?	SSN	Male/Female	Date of Birth
_____	<input type="checkbox"/> No _____	_____	M / F	_____/_____/_____ Month Day Year
_____	<input type="checkbox"/> No _____	_____	M / F	_____/_____/_____ Month Day Year
_____	<input type="checkbox"/> No _____	_____	M / F	_____/_____/_____ Month Day Year
_____	<input type="checkbox"/> No _____	_____	M / F	_____/_____/_____ Month Day Year
_____	<input type="checkbox"/> No _____	_____	M / F	_____/_____/_____ Month Day Year

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

Checking Savings

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** *Please mark all that apply*

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Other: _____

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.

Primary Taxpayer Signature

Date

Spouse Signature

Date