

ELEANOR TERRELL
CERTIFIED PUBLIC ACCOUNTANT

DATE _____

NAME _____

S.S.# _____ DATE OF BIRTH _____

SPOUSE'S NAME _____

S.S.# _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE: WORK _____ HOME _____

E-MAIL ADDRESS _____

DEPENDENTS FOR 2017 TAX RETURN:

NAME _____ S.S.# _____ DATE OF BIRTH _____

DO YOU WANT DIRECT DEPOSIT IF GETTING REFUND? YES _____ NO _____

***REQUIRED INFORMATION:**

BANK NAME _____

ROUTING # _____

ACCOUNT # _____

DO YOU HAVE ANY CHANGES TO YOUR FILING STATUS IN 2018? _____

DID YOU GET MARRIED, SEPARATED OR DIVORCED IN 2018? _____

DID YOU PAY COLLEGE TUITION FOR YOURSELF, SPOUSE OR DEPENDENT IN 2018? _____

DID YOU HAVE CHILD CARE EXPENSES IN 2018? _____

DID YOU PAY ANY ESTIMATED TAXES IN 2018? _____

I am in receipt of the engagement letter and the privacy policy. I have read, understand, and accept the conditions.

Signature

Date