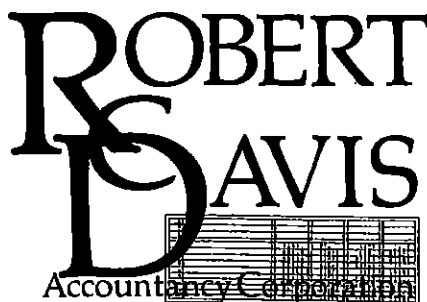


641 WOODS CREEK DRIVE, SUITE B
SONORA, CALIFORNIA 95370

TELEPHONE (209) 532-5548
FAX (209) 532-0148



Client Intake Form

11833 POWDERHOUSE ROAD
POST OFFICE BOX 803
GROVELAND, CALIFORNIA 95321
TELEPHONE (209) 962-7832
(209) 532-7877
FAX (209) 962-6544

1. TAXPAYER INFORMATION

Taxpayer name: _____ DOB: _____

Address: _____

Phone: _____ SSN: _____ Email: _____

How do you prefer your tax return? ☐ Email ☐ Paper Copies

How did you hear about us? _____

How do you file? ☐ Single ☐ Head of Household ☐ Married Filing Jointly

☐ Married Filing Separately ☐ Qualifying Widow(er)

2. SPOUSE:

Name: _____ DOB: _____

Address: _____

Phone: _____ SSN: _____ Email: _____

3. DEPENDENTS:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

4. HOW WOULD YOU LIKE YOUR REFUND? ☐ Direct deposit ☐ Check

For Direct Deposit, Fill out the Following:

Bank Name: _____ ☐ Checking ☐ Savings

Acct Number: _____ Routing Number: _____

5. ARE YOU CURRENT? ☐ YES ☐ No If NO, when was the last year you filed? _____

6. ADDITIONAL NOTES: i.e. Sole Proprietorship, Rental, Farm, other dependents.