

Amazing Accounting Services LLC

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Tax Client Information Sheet

Date _____

Filing Status – Single-Married Filing Joint-Married Filing Separate-Window-Head of Household

(Please Circle Filing Status)

Personal Information

	Name	Social Security Number	Date of Birth
Taxpayer:	_____	_____	_____
Spouse:	_____	_____	_____
Dependent #1:	_____	_____	_____
Dependent #2:	_____	_____	_____
Dependent #3:	_____	_____	_____

If you have additional dependents, please list them on the back of this page.

	Occupation Title	Phone Number	Email
Taxpayer:	_____	_____	_____
Spouse:	_____	_____	_____

Address: _____

Direct Deposit Information

Are You Interested in Direct Deposit? YES NO

Attach copy of voided check

Checking or Savings

Name of Bank _____

Account # _____

Routing # _____