



Please fill out and return this form with your tax documents.

Tax preparation will not begin without this form on file.

Located at: 15601 Freyburg Drive, Wapakoneta

Personal Information

Name: _____ Spouses Name: _____

DOB: _____ (MM/DD/YYYY) Spouses DOB: _____

SSN: _____ (xxx-xx-xxxx) Spouses SSN: _____

Occupation: _____ Spouses Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Taxpayers Driver's License Number: _____

Issue Date: _____ Expiration Date: _____

Spouses Driver's License Number: _____

Issue Date: _____ Expiration Date: _____

Dependent Information (use back for additional dependents)

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Direct Deposit Information

Bank Account Number: _____ Bank Routing Number: _____

Account Type (circle): Checking / Savings

Signature/Certification of Information

I authorize Gren Accounting to release my tax return information at my request only for the purpose requested unless otherwise authorized by law.

I certify that the information provided to my accountant on this form and any other information provided to be true and accurate as written and presented to them. Further, I certify that my tax returns have been verified by me and are accurately prepared with the information I have provided.

Signature: _____ **Date:** _____