



**Tel: 866.684.9935**

235 Peachtree Street NW | Ste. 400 | Atlanta, GA 30303

DOCS SCANNED \_\_\_\_\_  
 EMAILED \_\_\_\_\_

## 2014 Tax Return - Client Info.

\_\_\_\_\_ Returning Client

\_\_\_\_\_ New Client - How did you hear about us?

Flyer      Online      Referred By \_\_\_\_\_      Other \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Your copy of the tax return will be sent to you through a password protected email.**

**Email** \_\_\_\_\_

### Dependents

First & Last Name	DOB	Age	SSN	Relationship To You	Claimed Last Yr? Y/N

**Refund Direct Deposit** – Bank Name \_\_\_\_\_ Checking  Savings

Routing #	Account #

Did you make any energy saving modifications to your home last year? YES  NO

Did you go through bankruptcy proceedings last year? YES  NO

Did you withdraw money from any retirement accounts last year? YES  NO

Did you have any real estate transactions – foreclosure, short sale, or purchase? YES  NO

Did you have any educational expenses last year? YES  NO

**Additional Info** \_\_\_\_\_  
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