

MOBILE TAX CUSTOMER INFORMATION QUESTIONNAIRE

Full Name: _____
(Spelled as they are on social security card)

Date of Birth: _____

Address: _____

Phone #: _____

Social Security #: _____ - _____ - _____

Occupation: _____

Dependents

1. Name _____ SSN _____
(Spelled as they are on social security card)

Date of Birth: _____ Relationship _____

2. Name _____ SSN _____
(Spelled as they are on social security card)

Date of Birth: _____ Relationship _____

3. Name _____ SSN _____
(Spelled as they are on social security card)

Date of Birth: _____ Relationship _____

4. Name _____ SSN _____
(Spelled as they are on social security card)

Date of Birth: _____ Relationship _____

Did you pay for Child Care? Yes ____ No ____ How much? _____

Child Care Provider Name: _____ EIN _____

Address _____

Did you or your dependants attend College? Yes__ No__ How Much was paid? _____

Do you rent or own your home? _____

Do you own any rental property? _____

Gambling winnings? _____

IRA Contributions or Withdrawals? _____

Refund Request

15 Minute Instant Check ____ (up to \$1,900)

24-48 Hours Check ____ or Direct Deposit ____

10-16 Days Check ____ or Direct Deposit ____

Cash Card _____

Direct Deposit Bank Information (SUBMIT A VOIDED CHECK COPY TO OUR OFFICE FOR ACCURACY)

Bank Name _____

Routing # _____ Account # _____

Acknowledgement Disclaimer

I hereby undersign and understand that I must have all pertinent supporting tax documents required to file my return before it can be filed. I further acknowledge that all the information I have provided to the tax preparer is true to the best of my knowledge and any false or misinformation provided to the tax preparer in my federal or state income tax return is not the liability of Mobile Tax & Bookkeeping or the tax preparer.

Signature

Date

(PLEASE EMAIL, FAX OR RETURN TO OUR OFFICE TO BE PROCESSED)