

**Income Tax Client Information**

**Date:** \_\_\_\_\_ **Return Year(s):** \_\_\_\_\_

**Taxpayer Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Driver's License:** **State:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Driver's License:** **State:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**IRS Notices:** Have you received any correspondence from the IRS (Internal Revenue Service), Texas Comptroller's Office, and/or the Secretary of State? If so, please provide a copy of the letter and explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*Return Filing Preferences** – We will **'E-File'** your return which is the required way to file a return. Upon your signed approval we will e-file through the IRS's secure website. The **'E-Collect'** option allows you to e-file your return and have the CPA preparation fee and E-Collect fee deducted from your refund prior to the refunds direct deposit.

**E-FILE:** Mail Refund: Y / N Direct Deposit: Y / N

**Should you choose direct deposit, please provide us with a voided check for banking information.**

**E-COLLECT:** Y / N The E-Collect fee of \$17.00 and your returns preparation fee will be deducted from your refund prior to it being deposited directly into your account.

**You must provide us with a voided check for banking information.**

**Blake M. Briscoe, CPA, P.C.**  
*Certified Public Accountant*

**Filing Status:** Married Filing Jointly \_\_\_\_\_ Married Filing Separately \_\_\_\_\_  
Single \_\_\_\_\_ Head of Household \_\_\_\_\_

**Recently:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Spouse Passed Away \_\_\_\_\_; Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Dependent Children:** *(Please denote if previous dependents are no longer applicable.)*

NAME	RELATIONSHIP	GENDER	BIRTHDATE	SSN
		M / F		
		M / F		
		M / F		
		M / F		

**Note:** If you have dependents you must complete an EIC (Earned Income Credit) form.

**Related Business Activities:**

Name of Business: \_\_\_\_\_ Year Started: \_\_\_\_\_

Vehicle Driven for Business: Y / N Calendar Year Mileage: \_\_\_\_\_

Vehicle Year/Model(s): \_\_\_\_\_