

Income Tax Client Information

To be sure our records are current. Thank you!

Date: _____ **Return Year(s):** _____

Taxpayer Name: _____ **Occupation:** _____

Existing client with no change in address, phone, or email.

Address: _____ **City/State/Zip:** _____

Date of Birth: ____ - ____ - ____ **SSN:** _____

Home Phone: _____ **Cell Phone:** _____ **Work:** _____

Email: _____ **Fax:** _____

Spouse Name: _____ **Occupation:** _____

Date of Birth: ____ - ____ - ____ **SSN:** _____

Cell Phone: _____ **Work:** _____

Email: _____ **Fax:** _____

Contact Preference: (EX: "Taxpayer's Cell" or "Spouse's Email")

For tax questions _____

Periodic notices throughout the year: ___ Taxpayer Email ___ Spouse Email ___ Both

IRS Notices: Have you received any correspondence from the IRS (Internal Revenue Service), Texas Comptroller's Office, and/or the Secretary of State that you have not already sent to us? If so, please provide a copy of the letter and explain in detail:

Return Filing Preferences – We are required to 'E-File' your return through the IRS's secure website upon your signed approval.

REFUND: Direct Deposit Refund: YES / NO / DON'T ANTICIPATE REFUND
For direct deposit, please provide us with a voided check for banking information.

E-COLLECT: Y / N The E-Collect fees of approx. \$30.00 and your returns preparation fee will be deducted from your refund prior to it being deposited directly into your account.

(T) Driver's License: State: ____ Number: _____ Issue Date _____ Exp. Date: _____

(S) Driver's License: State: ____ Number: _____ Issue Date _____ Exp. Date: _____

*Additional forms must be signed to authorize Disclosure and Use of your tax return for e-collect purposes

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Dependent Children: *(Please denote if previous dependents are no longer applicable.)*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 claim an EIC (Earned Income Credit), you must complete a verification form after your return has been prepared.

Related Business Activities:

Name of Business: _____ Year Started: _____

Please complete a Mileage Form for each of your vehicles that you claim a mileage deduction for. Additional copies can be found on our website. www.BriscoeCPA.com

Health Insurance:

- { } We had health insurance all year.
- { } We did not have health insurance all year.