

Blake M. Briscoe, CPA, P.C.

Certified Public Accountant

Member:

American Institute of Certified Public Accountants

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.

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

Security Safeguard Info: Required by the IRS to e-file your return.

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

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

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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Dependent Children: *(Please denote if previous dependents are no longer applicable.)*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: Please provide a copy of your 1095

Client Copy of Tax Return – Would you prefer ___ Electronic copy emailed to you
or ___ Paper copy