

CLIENT INFORMATION SHEET

CLIENT INFO

NAME: _____ SSN: ____-____-____ DOB: _____
SPOUSE: _____ SSN: ____-____-____ DOB: _____
ADDRESS: _____ ZIP: _____
FILING STATUS (Circle one): M S J HOH QW
OCCUPATION: _____ TYPE OF REFUND DESIRED: Direct Deposit/Paper Chk
PHONE: (____) _____ WORK: (____) _____ CELL*: (____) _____
DL#: _____ STATE: _____ EMAIL: _____
SPOUSE DL#: _____ STATE: _____
Bank Name: _____ Routing #: _____ Acct #: _____

DEPENDENT INFO

NAME: _____ DOB: _____ SSN: _____ REL: _____
NAME: _____ DOB: _____ SSN: _____ REL: _____
NAME: _____ DOB: _____ SSN: _____ REL: _____

EMPLOYMENT INFO

EMPLOYER: _____ WAGES: \$ _____
EMPLOYER: _____ WAGES: \$ _____
EMPLOYER: _____ WAGES: \$ _____

BUYING A HOME: YES/NO OWE FOR STUDENT LOANS: YES/NO OWE CHILD SUPPORT: YES/NO

AMT OF REFUND LAST YEAR: _____ EYECARE: _____ DENTAL: _____
PROPERTY TAX: _____ MORTGAGE: _____ TITHES/CHARITY: _____
STUDENT LOAN INTEREST: _____ PROF DUES: _____ OTHER: _____

NEXT OF KIN: _____ REL: _____ PHONE: (____) _____

I give permission for my taxes to be processed and I understand I am liable for any/all excessive costs that may be associated with preparation of my taxes, which must be paid immediately. (Initial here) _____
I give permission for KC Financial Services to file my taxes electronically. (Initial here) _____

I hereby state that the above-mentioned information is true and correct to the best of my knowledge and recollection. *By providing your cell phone number you are giving KCFS permission to send important messages via text.

Print your Name: _____ Date: _____
Signature: _____