# Client Information Sheet

**Tax Year: _____**

INTEGRITY TAX GROUP

**Please Print**

| **Taxpayer** | **Spouse** |
|---|---|
| Name _____ | Name _____ |
| SSN _____ | SSN _____ |
| Date of Birth _____ | Date of Birth _____ |
| Occupation _____ | Occupation _____ |
| Phone _____ ☐ Cell Phone | Phone _____ ☐ Cell Phone |
| Email _____ | Email _____ |
| ☐ Driver's License or ☐ State-Issued Photo ID | ☐ Driver's License or ☐ State-Issued Photo ID |
| State _____ Number _____ | State _____ Number _____ |
| Issue Date _____ Expiration Date _____ | Issue Date _____ Expiration Date _____ |

Marital status: ☐ Married ☐ Never Married ☐ Divorced ☐ Widowed ☐ Separated

Who to contact for questions_____ Best method of contact _____

Address _____ ☐ Own (or buying) ☐ Renting ☐ Other

_____ School district _____

How did you hear about us? ☐ Referred by_____ ☐ Other _____

**Please complete this section if you have dependents.** Do not include spouse.

| **Dependent Information** Full Name (as shown on Social Security Card) | SSN **(If new)** | Date of Birth | Check if: Disabled | Student | Married | Relationship (son, daughter, grandchild, etc.) | Months in your home during tax year |
|---|---|---|---|---|---|---|---|
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**Tax Refund Method** ☐ Check in mail or ☐ Direct Deposit to: Bank name _____

Routing # _____ Acct #_____ ☐ Checking or ☐ Savings

**Payment for services is due at signing** No return will be released without payment in full

Should you choose not to have Integrity Tax complete your return, for any reason, we reserve the right to charge a $100 service fee to compensate our tax advisors for their time and expertise.

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