

1. TAXPAYER / SPOUSE INFORMATION

TAXPAYER FULL NAME (as shown on social security card):				
SS#:	Date of Birth	MM:	DD:	Year:
Occupation:	Contribute to the presidential campaign?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone:	E-mail:			
Receive text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No				

SPOUSE FULL NAME (as shown on social security card):				
SS#:	Date of Birth	MM:	DD:	Year:
Occupation:	Contribute to the presidential campaign?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone:	E-mail:			
Receive text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No				

MARITAL STATUS (check one): Single Married Separated Widower

ADDRESS:	City:	State:	Zip:
Is your address new this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who may we thank for referring you to Culver CPA Group?	<input type="checkbox"/> Facebook	<input type="checkbox"/> Google	<input type="checkbox"/> BNI <input type="checkbox"/> RPOA
<input type="checkbox"/> Friend (please provide with the name):	<input type="checkbox"/> Other:		

2. DEPENDENT

Please complete the following as applicable.

	Name (as shown on SS card)	Date of Birth	Social Security Number	Relationship to Taxpayer	Months in Home
Dependent					
Dependent					
Dependent					
Dependent					

3. REFUND

If you are receiving a refund, please tell us how you would like to receive the refund. (check only one)

<input type="checkbox"/>	Refund Advantage – Direct Deposit (9 – 15 days - fees deducted from your refund; additional fees apply)
<input type="checkbox"/>	Refund Advantage – Check in mail (approx. 3 weeks - fees deducted from your refund; additional fees apply)
<input type="checkbox"/>	Direct deposit to your account (9 - 15 days - fees paid up front)
<input type="checkbox"/>	Check in mail (approx. 3 weeks - fees paid up front)
<input type="checkbox"/>	I'd prefer to make that decision when I know my refund amount

BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT	
Bank Name:	
Routing #:	
Account #:	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Joint Acct: <input type="checkbox"/> Yes <input type="checkbox"/> No

4. ADDITIONAL INFORMATION REQUIRED

To provide the best quality service, we need a copy of the following documents for all persons whose name will be shown on your tax return: **driver's licenses/state IDs and social security cards. Also, please bring a copy of your prior year's tax return.**

5. SIGNATURE

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

IF I CHOOSE NOT TO COMPLETE THE RETURN, UPON TAX INFORMATION BEING INPUT INTO THE COMPUTER BY A TAX PREPARER, THERE WILL BE A \$150.00 DOLLAR CONSULTATION FEE.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

Client #

Location

Assigned to

Service

Quote