

ProSeries Updated \_\_\_\_\_ / \_\_\_\_\_  
Date By

P.M. Updated: \_\_\_\_\_ / \_\_\_\_\_  
Date By

# H & R Pye's Tax Service Client Information Sheet

Client Code: \_\_\_\_\_

Date: \_\_\_\_\_

Client: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Spouse: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Who are you claiming:

Dependent 1: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Dependent 2: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Dependent 3: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Dependent 4: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

Occupation: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

Work Telephone: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

Cell Phone: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

E-mail: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

	Client		Spouse	
Do you have a will?	Yes _____	No _____	Yes _____	No _____
Are you concerned about Nursing Home Expenses?	Yes _____	No _____	Yes _____	No _____
Do you currently have investments?	Yes _____	No _____	Yes _____	No _____
If yes, investment company				
Do you currently have a retirement plan?	Yes _____	No _____	Yes _____	No _____
If yes, investment company				
Do you have life insurance	Yes _____	No _____	Yes _____	No _____

### Bank Information for Electronic Filing of Tax Return (we will need proof of account information)

Name of Bank \_\_\_\_\_ **NOTE: If same as last year, simply write "on file"**

Routing #: \_\_\_\_\_ Acct # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

### New Clients

How did you get our name? \_\_\_\_\_