

Drake : _____/_____
(date) (by)

OT Updated: _____/_____
(date) (by)

Tax Year 2014
Tax Year 2014

H & R PYE'S TAX SERVICE
CLIENT INFORMATION SHEET

Date _____

Client: _____ SS# _____ DOB _____

Spouse: _____ SS# _____ DOB _____

Other than yourself, who are you claiming for this tax year?

Child 1: _____ SS# _____ DOB _____

Child 2: _____ SS# _____ DOB _____

Child 3: _____ 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____
Do you have a Trust?	Yes____No____	Yes____No____
Are you concerned about Nursing Home Expenses?	Yes____No____	Yes____No____
Do you currently have investments?	Yes____No____ Company: _____	Yes____No____ Company: _____
Do you currently have a retirement plan?	Yes____No____ Company: _____	Yes____No____ 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: _____

Routing #: _____

Acct #: _____

Type: _____ Checking _____ Savings

NEW CLIENTS

How did you get our name? _____