

Drake : \_\_\_\_\_ / \_\_\_\_\_  
(date) (by)

OT Updated: \_\_\_\_\_ / \_\_\_\_\_  
(date) (by)

**Tax Year 2015**

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: \_\_\_\_\_

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	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 ___

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

Name of Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_

Acct #: \_\_\_\_\_

Type: \_\_\_ Checking \_\_\_ Savings

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NEW CLIENTS

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