

**Existing Client Information Sheet**

Appointment

Dropoff

**TAXPAYER/SPOUSE INFORMATION:**

**FULL NAME:** (as shown on social security card) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**SPOUSE FULL NAME:** (as shown on social security card) \_\_\_\_\_

**How would you like to sign your return?**

Pick Up

Docusign

Has your address changed?  Yes  No

If Yes:

**Street Address :** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Do you have any new dependents?  Yes  No

If yes, please list below:

	Name (as shown on SS card)	Date of Birth	Social Security #	Relationship
Dependent				
Dependent				

Is your bank account info for Direct Deposit the same as last year?  Yes  No

If no, please fill out below:

Bank Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Drivers License Attached

*ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE MAURIELLO ENTERPRISES, INC. TO PREPARE MY TAX RETURN WITH THE INFORMATION I'VE PROVIDED. I UNDERSTAND AND AGREE TO PAY FOR THE SERVICE OF PREPARING MY TAX RETURN, EVEN IF I CHOSE NOT TO FILE IT.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_