

Pick Up

DocuSign

New Client Information Sheet

I. TAXPAYER/SPOUSE INFORMATION:

FULL NAME: (as shown on social security card) _____

Social: _____ --- --- _____ Date of Birth: MM ___ DD ___ YR _____

Occupation: _____

SPOUSE FULL NAME: (as shown on social security card) _____

Social: _____ --- --- _____ Date of Birth: MM ___ DD ___ YR _____

Occupation: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Phone () _____ **Email:** _____

II. DEPENDENTS: (NOT YOU OR SPOUSE)

Please complete the following as applicable:

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

III. Banking Information - If you would like to have Direct Deposit or Automatic Debit for taxes due, Please advise:

BANK NAME: _____ Checking Savings

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

IV. SIGNATURE **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:** _____

Who may we thank for referring you to us? _____