



Client Data Sheet

Taxpayer Information

Name: _____ Occupation: _____

SSN: _____ Birthdate: _____ Email: _____

Phone: _____ Cell: ☐ Preferred Communication Method: Email ☐ Text ☐ Call ☐

Spouse Information

Name: _____ Occupation: _____

SSN: _____ Birthdate: _____ Email: _____

Phone: _____ Cell: ☐ Preferred Communication Method: Email ☐ Text ☐ Call ☐

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip Code: _____

Dependent Information

Name (First, Initial, Last Name)	Month, Day & Year of Birth	SSN	Relationship to you	Months lived in your home this tax year?

Filing Status: Single ☐ Married Filing Jointly ☐ Head of Household ☐ Married Filing Separately ☐
Qualifying Surviving Spouse ☐

Do you, your spouse or any dependents have an IP-PIN? Yes ☐ No ☐

Are you interested in Tax School? Yes ☐ No ☐

How did you hear about Liberty Tax? _____

Were you referred to Liberty Tax? If so, by whom? _____

Where did you prepare your return last year? _____

How would you like to receive your refund this year?

Check: ☐ DeepBlue Card ☐ Do you have an existing DeepBlue card? Yes ☐ No ☐
(\$40)

Direct Deposit ☐ Checkings ☐ Savings ☐

Routing Number: _____ Account Number: _____

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED.

Taxpayer's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____