



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

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:** _____