

NEW CLIENT INFORMATION/UPDATE/DROP-OFF SHEET

TAXPAYER

SPOUSE

Full Name: _____

SS# _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

(Please check which phone number is the best to reach you during reg. business hours)

E-mail Address: _____

Other e-mail: _____

(Please mark which e-mail we can send notices and newsletters to)

Do you want to have refund, if any, Directly deposited at no fee? (Yes) (No)

Bank: _____ Routing# _____ Account# _____

Do you want to E-file your returns (at an additional \$38 fee)? (Yes) (No)

Desired Completion Date: _____

Desired method of pick-up or mailing: _____

I understand that my desired pickup date will be the targeted completion time and when the return is completed and ready for pickup, the office will call/e-mail me and let me know of its completion. Please do not call the office before that desired date.

I certify that I have reviewed and have completed the Reminder Checklist for completion of my tax return and that it is complete.

Burchett Financial Service Agent

Client

Dropped off and signed on: _____

Date

NEW CLIENTS ONLY

Who referred you? _____

Dependent Information:

Full Name SS# Date of Birth

1. _____ M/F

2. _____ M/F

3. _____ M/F

(Write on back of page if needed)