PREFERRED ACCOUNTING

Tax Check In Form 2014

_____ Personal Only _____ Business Only _____ Personal & Business

New Client Referred by: _____

Taxpayer Information

Taxpayer's name: _____ SSN#: _____
Occupation: _____ Birthdate: _____
Address: _____ Blind?: _____
City, State, Zip: _____
Phone: _____ Cell Phone: _____
Email Address: _____

Spouse Information

Name: _____ SSN#: _____
Occupation: _____ Birthdate: _____
Address: _____ Blind?: _____
City, State, Zip: _____
Phone: _____ Cell Phone: _____
Email Address: _____

Dependents ** Use additional space on back if needed

Name: _____ SSN#: _____
Relationship: _____ Birthdate: _____
Supported by you: _____ Months in Home: _____
Custodial Parent: _____ Gross Income: _____

Name: _____ SSN#: _____
Relationship: _____ Birthdate: _____
Supported by you: _____ Months in Home: _____
Custodial Parent: _____ Gross Income: _____

Name: _____ SSN#: _____
Relationship: _____ Birthdate: _____
Supported by you: _____ Months in Home: _____
Custodial Parent: _____ Gross Income: _____

Has anything changed from last year?

_____
_____
_____

Business Information (if applicable)

Business Name: _____ Email: _____
Business Type: _____ Website: _____
Owners: _____

**If you are a new client to Preferred Accounting please bring in the last two years of tax returns.