

# 2019 "Returning" Client Information

## **Paula's SavTax**

Will prepare your federal and state income tax returns based on the information you furnish to us. It is your responsibility to provide all the information necessary to complete your tax returns. In addition, you will retain all necessary supporting documentation should it be required for an audit examination at a later date either by the IRS or state. You acknowledge the possibility that the IRS may reject your tax return due to incorrect names, social security number or birthdates. If your income tax refund is kept by the Internal Revenue Service (IRS) to be applied to a prior debt, you agree to pay all the fees incurred in processing your return, including, but not limited to Electronic Filing fees and all tax preparation fees.

If data is entered into our tax preparation software and you elect to go elsewhere a **Minimum \$40 Consultation Fee** applies.

### **Taxpayer**

\_\_\_\_\_  
Social Security Number

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City / State / Zip Code

Date of Birth \_\_\_\_\_

### **Spouse**

\_\_\_\_\_  
Social Security Number

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City / State / Zip Code

Date of Birth \_\_\_\_\_

**Cell Phone#** \_\_\_\_\_

**Cell Phone#** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Do you have Health Insurance?  No  Yes

Do you have Health Insurance?  No  Yes

Provider? \_\_\_\_\_

Provider? \_\_\_\_\_

I agree to receiving automated phone calls and/or text messages at the phone numbers provided above about my tax returns and future reminders/offers (Not a condition for purchase).

\*\*\*\*\* COMPLETE THE OTHER SIDE \*\*\*\*\*

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**Dependent Information –**

Same as Last Year   
  New This Year   
  NONE

Name / Social Security Number	Birth Date	Relationship to You	# Months Lived in Your home in 2018	Full Time Student	U.S. Citizen	Health Insurance
_____ <b>1) Name</b> _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <b>2) Name</b> _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <b>3) Name</b> _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <b>4) Name</b> _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <b>5) Name</b> _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

***You represent to us that the information provided is true, complete and accurate.***  
 (Both spouses must sign for the preparation of joint returns)

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Taxpayer Signature    Date    Spouse Signature    Date

**OFFICE USE ONLY: Reviewed By** \_\_\_\_\_