

Annual Client Information

**Due to IRS regulation, you will be asked to complete all information annually.**

COMPLETE THE FOLLOWING INFORMATION: Please fill in names as they appear on the social security cards.

Primary Taxpayer Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_ School District \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Taxpayer Cell Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ If joint, who is main contact for tax purposes? \_\_\_\_\_

**DID YOU MOVE DURING THE YEAR?** \_\_\_\_NO **IF YES, DATE OF MOVE?** \_\_\_\_\_

**Prior Address** \_\_\_\_\_

**Please list anyone living in your home with you (either full-time or part-time).**

**Can you be claimed as a dependent by another taxpayer? If yes, by whom:** \_\_\_\_\_

**How do you want the copy of your tax return given to you?** Paper Portal Thumb drive

**If you owe taxes or need to make estimated tax payments during the year, how do you make those payments?**

\_\_\_\_\_ I will write a check and want payment vouchers and envelopes provided.

\_\_\_\_\_ I will pay electronically and DO NOT want payment vouchers or envelopes provided.

*Due to the continuing issues at IRS, RAS recommends that all payments be made Electronically. If you need help with this, please ask.*

**Are you a new client? How did you find out about us?** \_\_\_\_\_

**If you have a refund, do you want:** Check Mailed OR Direct Deposit

**If Deposit, Bank Name** \_\_\_\_\_ **Checking OR Savings**  
**Routing #** \_\_\_\_\_ **Acct #** \_\_\_\_\_

Please provide a voided check if we do not have one on file for verification purposes.

**NEW:** Account MUST match taxpayer's name or the direct deposit will not go through.

**\*\*\*\*It is the taxpayer's responsibility to double check the bank routing and account numbers\*\*\*\***

**\*\*\*\*on the final tax return. You will be asked to sign that verification page.\*\*\*\***

**I have reviewed the above and verify, to the best of my knowledge, all information is true and correct.**

\_\_\_\_\_  
Signature of Person Completing this Form. **Date** \_\_\_\_\_