



13155 Noel Rd, Suite 835  
 Three Galleria Tower, Dallas, TX 75240  
 Phone: 972-996-3122 Fax: 972-996-3136

PREPARER: \_\_\_\_\_

## CLIENT INFORMATION

Referred By: \_\_\_\_\_

Please complete this form as accurately as possible. The information provided is used to accurately prepare your tax return and/or your free quote. *Incorrect information can delay your return or cause a rejection by the IRS.*

**IMPORTANT:** The following items *must* be included with this form for your return to be processed.

- Driver's License/Government Issued ID
- Social Security Cards (Taxpayer, spouse & all dependents)
- Income Documents (W2's, 1099's, etc.)
- Other Documents (Interest, Student Loan & any related statements)
- Home Business Info (*if applicable*) (Business Name, Income, Expenses)

SSN#: \_\_\_\_\_ Spouse SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Spouse D.O.B. \_\_\_\_\_

DL#: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Spouse DL#: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Address/City/ST/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

	Dependent Name	DOB	SSN	Relationship	Months In Home	Disabled	FT College Student
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>

Did you file taxes last year? (Select Filing Status) YES / NO

Single | Head of Household | Married Filing Jointly | Married Filing Separately | Widow

Do you currently have a debt with IRS, Student Loans or Child Support? YES / NO

Are you planning on purchasing a house within the next year? YES / NO

Taxpayer's Name: \_\_\_\_\_

**Did you have any of the following?** (Select *all that apply*)

- Rental Estate Taxes
- Own Rental Property
- Home Mortgage
- Medical Expenses or Pay Health Insurance
- Contribution to church, charity, etc...
- Childcare expenses
- Out of pocket expenses or used personal vehicle on the job
- Loss from casualty (fire, theft, natural disaster)
- 1099-MISC
- Home business or self-employed (sole proprietor)

**ADDITIONAL SERVICES:** As a valued InWorks Tax Services client, you will have access to the following services at no additional cost.

- Do you currently have a Life Insurance policy *outside* of your employer? YES /  NO
- Do you have a 401K from a previous employer that has *not* been rolled over? YES /  NO
- Are you saving for your retirement and/or children's education? YES /  NO
- Do you have an emergency savings? YES /  NO
- Are you 100% satisfied with your credit score? YES /  NO

**RETURN STATUS:**  Once your return is accepted by the IRS, please allow 21 days for processing. You may check the status of your return by taking the following steps:

- www.TaxpayerInfo.com or call 888-875-8372
- www.IRS.gov/Refunds or call 800-829-1040

**DIRECT DEPOSIT:** YES / NO

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

**ACKNOWLEDGEMENT**

I, the above mentioned taxpayer/spouse, solemnly swear that the information that was forwarded to the tax preparer is true to the best of my knowledge. In no way am I attempting to file a fraudulent claim by providing the tax preparer with false documentation. I understand that if the information is false or conjured, that I am liable to a fine and/or imprisonment by the federal and/or my local government. I also want to acknowledge that any wrong doing on my behalf, is not a reflection of the tax preparer. I also agree that if I receive a bank product, and the IRS does not fully deposit all or none of the fees, that I am liable to InWorks for all or the unfounded portion of the fees, as well as any collection, and attorney fees in connection with the collection of my fees if I fail to pay the fees after thirty (30) days of being notified by InWorks.

\_\_\_\_\_  
Print Name (Taxpayer)

\_\_\_\_\_  
Print Name (Spouse)

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Signature (Spouse)* *Date*