

M&P Tax Service

CLIENT'S INFORMATION FOR TAX YEAR 2014

NAME: _____ SS#: _____ DOB: __/__/____
SPOUSE NAME: _____ SS#: _____ DOB: __/__/____
ADDRESS: _____ CITY: _____ STATE: __ ZIPCODE: _____
PHONE Home: _____ Work: _____ Cell: _____
E-MAIL ADDRESS: _____

DEPENDENTS

(If you need more space use the back of this form)

NAME: _____ SS#: _____ DOB: _____
NAME: _____ SS#: _____ DOB: _____
NAME: _____ SS#: _____ DOB: _____
NAME: _____ SS#: _____ DOB: _____

BANK INFORMATION FOR DIRECT DEPOSIT

(Information used by the IRS to deposit your refund directly into your bank account)

BANK NAME: _____ SAVINGS ___ CHECKING ___
ROUTING #: _____ ACCT#: _____

ARMED FORCES PERSONEL

MONTH AND YEAR ENTERED THE MILITARY: _____

STATE OF RESIDNCE: _____

Who Referred You? _____