

DATE

EXISTING CLIENT FORM



NAME

PHONE #

IS ADDRESS SAME?

**IF NOT PLEASE LET US KNOW NEW ADDRESS

CLAIMING SAME DEPENDENTS AS YOU CLAIMED IN LAST TAX YEAR?

**IF ADDING NEW DEPENDENT PLEASE LIST BELOW

(WE NEED DEP NAME, SSN, AND DOB)

IF YOU DIRECT DEPOSIT IS THIS SAME AS LAST YEAR?

**IF NOT WE WILL NEED BANK NAME, ROUTING AND ACCOUNT NUMBER?

DO YOU PAY RENT WHERE YOU LIVE? **(ONLY INDIANA RESIDENTS)**

**IF SO I NEED LANDLORD/APARTMENT COMPLEX AND AMOUNT OF RENT PAID IN TAX YEAR.

DRIVER'S LICENSE #

STATE ISSUED IN

ISSUE DATE

EXP DATE

ANY ADDITIONAL NOTES: