

# FREEDOM TAX & ACCOUNTING SERVICES

## Client Information

Tax Year \_\_\_\_\_

|                      |                        |
|----------------------|------------------------|
| Office Use:          | EITC _____             |
| Preparer Initial     | New House Credit _____ |
| <input type="text"/> | Schedule C _____       |
| Scanned By?          | Refund > \$5K _____    |
| <input type="text"/> | Scanned? _____         |

Please print your name EXACTLY as it appears on your Social Security card.

|  |                |            |                     |
|--|----------------|------------|---------------------|
| Name   | SSN            | Birth Date | College Student Y/N |
| Spouse   | SSN            | Birth Date | College Student Y/N |
| Current Address  | City/State/Zip |            |                     |
| Phone Numbers:   |                |            |                     |
| Home   | Work           | Cell Phone |                     |
| E-Mail:  |                |            |                     |
| FILING STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> MARRIED FILING SEPERATLY |                |            |                     |

Dependent Information:( Include last name if different from client or spouse.)

| Name | SSN | Birthdate | Relationship | College Student Y/N |
|------|-----|-----------|--------------|---------------------|
|      |     |           |              |                     |
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|      |     |           |              |                     |

Please list relationship with each dependent. Example son, daughter, niece, foster child, etc.

If your return results in a refund, please select from the following options:

| Federal Return   | Fee                         | Routing # | Account # |
|--|-----------------------------|-----------|-----------|
| <input type="checkbox"/> US Postal Service 6-8 Weeks               | N/A                         |           |           |
| <input type="checkbox"/> Direct Deposit 3-4 Weeks                  |                             |           |           |
| <input type="checkbox"/> ERC-12-21 Days(Electronic Refund Check)   | \$50-\$90 Wire Transfer Fee |           |           |
| <input type="checkbox"/> ERD-12-21 Days(Electronic Refund Deposit) | \$50-\$90 Wire Transfer Fee |           |           |
| State Return   |                             |           |           |
| <input type="checkbox"/> ERC-12-21 Days(Electronic Refund Check)   | \$12.00 Wire Transfer Fee   |           |           |
| <input type="checkbox"/> ERD-12-21 Days(Electronic Refund Deposit) | \$12.00 Wire Transfer Fee   |           |           |

Please note the above fees are in addition to the return preparation fees.

I understand my city return, if required, will not be e-filed. It is my responsibility to make certain that it gets picked up and mailed by the due date of April 15th.  
If this is not done additional fees and penalties may be charged by the city (or cities) with whom I file.

Please initial to the left

I agree to the terms listed above. All information contained in the filing of my income tax returns was supplied by me/us; based upon receipts, cancelled checks, logs, ledgers and other substantiating documents as necessary proof to the preparer of the data contained in the returns.

I/We are solely responsible for the contents of the returns and the required retention of records and returns to meet the taxing authorities requirements.

All information is sworn to be true and accurate to the best of my knowledge.

|        |      |
|--------|------|
| Client | Date |
|        |      |
| Spouse | Date |
|        |      |