

FREEDOM TAX & ACCOUNTING SERVICES

CLIENT INFORMATION

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

Name	SSN	Birth Date	College Student Y/N
Phone Number	E-Mail	Occupation	
Spouse	SSN	Birth Date	College Student Y/N
Phone Number	E-Mail	Occupation	
Current Address	City/State/Zip		
FILING STATUS: ☐ SINGLE ☐ MARRIED ☐ HEAD OF HOUSEHOLD ☐ MARRIED FILING SEPERATLY			

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

Name	SSN	Birthdate	Relationship	College Student Y/N

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	
☐	US Postal Service 6-8 Weeks
☐	Direct Deposit 3-6 Weeks
	Routing # Account #
State Return	
☐	US Postal Service 6-8 Weeks
☐	Direct Deposit 3-6 Weeks
	Routing # Account #

LOCAL RETURN(S)

I understand my local 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 localities with whom I file.

	Please initial to the left
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PAYMENT METHOD

Freedom Tax & Accounting Services **WILL NOT** file any Tax Returns until our invoices are **PAID IN FULL**.

☐ Cash/Check ☐ Debit Card ☐ Credit Card ☐ ACH Withdrawal ☐ Payment Plan (Additional Form Required)

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

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

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

Client	Date
Spouse	Date