



• 4120 Chicago Drive, Suite 5A, Grandville, MI 49418 • 616-301-8480 • 616-261-1347 Fax • info@the-tax-office.com • www.the-tax-office.com

**New Client Information**

**Family Member's Names**

**Date of Birth**

**Social Security Number**

Primary Taxpayer:

\_\_\_\_\_

Spouse:

\_\_\_\_\_

Dependent(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

What city/township do you live in? \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Driver's License Information:**

Primary Taxpayer: License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

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

**Direct Deposit Information for Refunds:**

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Acct # \_\_\_\_\_

**Please bring your previous year's tax return.**