

NEW CENTURY INCOME TAX
Client Data Sheet

New Clients - Please bring a copy of last year's Tax Return

Referred by: _____ Referral's phone # _____

How did you hear about us? _____

Primary Name _____ Date of Birth _____ SS# _____

Spouse Name _____ Date of Birth _____ SS# _____

Current Address _____ City _____ State _____ Zip _____

Home # _____ Email Address _____

Cell # _____ Carrier _____ Can we text you with the status of your return? _____

Are you married? **Yes No** If Yes, did you live with spouse after July 1, 2016? **Yes No**

Do you have health insurance? **Yes No** Is your health insurance through your employer? **Yes No**

DEPENDENTS

| Name | Birth Date | SSN | Relationship | Have Health Ins |
|-------|----------------|-------|--------------|-----------------|
| _____ | ____/____/____ | _____ | _____ | Yes No |
| _____ | ____/____/____ | _____ | _____ | Yes No |
| _____ | ____/____/____ | _____ | _____ | Yes No |
| _____ | ____/____/____ | _____ | _____ | Yes No |
| _____ | ____/____/____ | _____ | _____ | Yes No |

Did you file a 2015 tax return? Yes No **Did you attend college in 2016?** Yes No
Do you own a home? ____ **Do you rent?** ____ If yes, what is the monthly cost? _____ Tax _____
Do you own a business? ____ If yes, type of business or business name _____
How do you want your taxes filed? Please circle one:

- *Efile - Upfront payment required 8-15 days (with direct deposit)
- **ERC - NO upfront payment 8-15 days (direct deposit or check printed in office)
- **PPC - NO upfront payment 8-15 days (prepaid debit card)

How would you like to receive your tax copies? (Select one)

Pickup Email 24 hr secure online access Mailed Copy***

*No additional fees **Additional fees apply ***\$10 mailing fee

The above information is correct and true to the best of my knowledge.

Signature _____ **Date** _____