

CUSTOMER INFORMATION

Date: _____

(TAXPAYER'S NAME)

(SPOUSE'S NAME)

(SOCIAL SECURITY NUMBER)

(SOCIAL SECURITY NUMBER)

(DATE OF BIRTH)

(DATE OF BIRTH)

TELEPHONE: (WORK) _____

(HOME) _____

(CELL) _____

E-MAIL: _____

ADDRESS: _____

DEPENDENTS:

NAME	SOCIAL SECURITY #	RELATIONSHIP	DATE OF BIRTH	MONTHS IN HOME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FILING STATUS (please check one): _____ SINGLE _____ MARRIED FILING SEPARATE _____ MARRIED FILING JOINT _____ HEAD OF HOUSEHOLD

ARE YOU INTERESTED IN: _____ REFUND ANTICIPATION CHECK (2 – 3 WEEKS)*
(*ADDITIONAL FEE FOR BANK; ALL FEES DEDUCTED FROM FEDERAL REFUND)

WHAT ATTRACTED YOU TO USE OUR SERVICES? PLEASE MARK AS APPLIES TO YOU:
_____ REFERRAL, BY _____
_____ OUR SIGN _____ CARD FROM US _____ OTHER: _____

THANK YOU FOR CHOOSING TAX TIME INCOME TAX SERVICES TO ASSIST YOU WITH YOUR RETURN.