PREMIER
BUSINESS SOLUTIONS

Client Intake

Date & Time Received: _____

Taxpayer Name _____

Occupation_____

SSN_____Birthdate_____

Driver's License #_____ State Issued _____ Date Issued _____ Expiration _____

_____

E-Mail_____

Address_____

Spouse Name_____

Occupation_____

SSN_____Birthdate_____

Driver's License #_____Date Issued_____Expiration_____

Spouse Phone_____

E-Mail_____

Are you a new client? YES_____NO _____

How were you referred to Premier Business Solutions? _____

Dependents Name List Youngest First)	Birthdate	Social Security #	Relationship to You	Months Lived in Your Home

If you would rather your tax return direct deposited instead of a check sent in the mail please fill out theinformation below.

Direct Deposit Information

Name of Bank:_____

Routing Number:_____

Account Number:_____

Tax Return Checklist

- **Personal information** -
  - Last year's income tax if you are a new client.
  - Banking information if Direct Deposit Required

- **Income Data Required** -
  - Wages and/or Unemployment
  - Interest and/or Dividend Income
  - State/Local income tax refunded
  - Social Assistance Income
  - Pension/Annuity/Stock or Bond Sales
  - Contract/Partnership/Trust/Estate Income
  - Gambling/Lottery Winnings and Losses/Prizes/Bonus
  - Alimony Income
  - Rental Income
  - Self-Employment/Tips
  - Foreign Income

- **Expense Data Required** -
  - Dependent Care Costs
  - Education/Tuition Costs/Materials Purchased
  - Medical/Dental
  - Mortgage/Home Equity Loan Interest/Mortgage Insurance
  - Employment Related Expenses
  - Gambling/Lottery Expenses
  - Tax Return Preparation Expenses
  - Investment Expenses
  - Real Estate Taxes
  - Estimated Tax Payments to Federal and State Government and Dates Paid
  - Home Property Taxes
  - Charitable Contributions Cash/Non-Cash
  - Purchase qualifying for Residential Energy Credit
  - IRA Contributions/Retirement Contributions
  - Home Purchase/Moving Expenses