

CLIENT INFORMATION WORKSHEET

FOR TAX YEAR 20__

Taxpayer Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell #: _____ Home #: _____

Email: _____ DOB: _____ SS#: _____

Occupation: _____

Driver's License #: _____ State: _____ Issuance Date: _____ Expiration Date: _____

(Non-Driver ID or Passport also acceptable)

Please check one: US Citizen US Permanent Resident Non-Resident

Spouse Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell #: _____ Home #: _____

Email: _____ DOB: _____ SS#: _____

Occupation: _____

Driver's License #: _____ State: _____ Issuance Date: _____ Expiration Date: _____

Please check one: US Citizen US Permanent Resident Non-Resident

Direct Deposit Information

*Please provide the name of your bank and the checking or savings account number that you would like your refund check deposited to.

Name of Bank: _____

Checking

Savings

Routing Number: _____

Account Number: _____

Dependent Information

First Name	Last Name	SSN	Relationship	DOB

Payment Method Authorization Form

**** Please be advised that the tax returns will not be transmitted electronically until the tax preparation fee is collected in full.****

The tax preparation fee is \$ _____

Please select from one of the following payment method options:

- Check/Money Order at the time of appointment (**\$25 fee will be charged for the returned items**)
- Cash at the time of appointment
- Credit/Debit Card upon completion of tax return
- Refund Transfer Bank products (the tax return preparation fee will be deducted from your Federal Income Tax Refund, a **\$35.00 service fee** will be charged by Santa Barbara Tax Product Group)

I understand that **the late fee of \$35.00** will be charged if the tax preparation fee is not paid in full upon completion of the tax return. I understand that a **\$25.00 fee** will be charged for **returned checks**. I understand that a **\$35.00 fee** will be charged by Santa Barbara Tax Product Group to process **the tax preparation fee to be deducted from your Federal refund**. I understand that New Millennium Tax Service Inc. can submit outstanding tax preparation fees to Collection Agencies or to Small Claims Court.

Taxpayer Name (Please Print) _____

Taxpayer Signature _____ Date _____

Please be advised that we require credit/debit card information on-file in a case if any other form of the payment will be denied (returned check or refund transfer denial):

If you chose any other method of payment we will process it first. If it is denied we will proceed with credit/debit card

Credit/Debit Card Payment Authorization

I, _____, hereby authorize New Millennium Service,

PRINT NAME

Inc. to charge the credit card I have provided for full payment of the tax preparation fee.

Credit Card Information

Type: _____ Card Number: _____ Exp. Date: _____ Sec. Code _____

Taxpayer signature _____ Date _____