



# 2021-2022 CLIENT DATA SHEET

FORMS COLLECTED CHECKLIST (*office Use ONLY*)

FORM NAME	# OF FORMS

**TAXPAYER'S** Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

**SPOUSE'S** Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

## BANK INFORMATION

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PRIOR YEAR FILING STATUS ( CIRCLE ONE )

SINGLE HEAD OF HOUSEHOLD MARRIED FILING JOINTLY MARRIED FILING SEPARATE QUALIFYING WIDOW

TAXPAYER INITIALS: \_\_\_\_\_



Will you claim any dependents? \_\_\_\_YES \_\_\_\_NO

Dependent #1

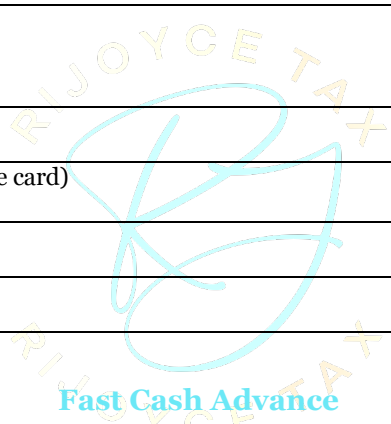
Full Name
Social Security Number (please provide card)
Relationship to Taxpayer?
Date of Birth

Dependent #2

Full Name
Social Security Number (please provide card)
Relationship to Taxpayer?
Date of Birth

Dependent #3

Full Name
Social Security Number (please provide card)
Relationship to Taxpayer?
Date of Birth



Would you like to apply for the loan? \_\_\_\_YES \_\_\_\_NO

\*\*\*\*This loan is not credit based. You will get approved or denied based on your tax refund. The minimum is \$500 and the maximum is \$9500\*\*\*\* The first \$2000 is FREE.

All information that I \_\_\_\_\_ (**Taxpayer**) have provided on this client data form is true and accurate to the best of my knowledge.

All information that I \_\_\_\_\_ (**Spouse**) have provided on this client data form is true and accurate to the best of my knowledge.

Taxpayer Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

TAXPAYER INITIALS: \_\_\_\_\_