

CLIENT INFORMATION WORKSHEET

FOR TAX YEAR 2011

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: _____

(Non-driver ID or Passport also acceptable)

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

Direct Deposit Information

*Please provide the name of your bank, 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	DOB	SSN	Relationship

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 **(\$35 fee will be charged for returned items)**
- Cash at the time of appointment
- Credit/Debit Card upon completion of the tax return (please input card info below)
- Refund Transfer Bank products; the tax return preparation fee will be deducted from your Federal Income Tax Refund. **A service fee will be charged by EPS Financial, LLC** as follows:
Tax refund disbursement methods (check one):
 Check-\$15 Direct Deposit-\$10 Pre-paid debit card-\$5

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 **\$35.00 fee** will be charged for **returned checks**. I understand that **a service fee** will be charged by EPS Financial, LLC to process **the tax preparation fee to be deducted from my Federal refund**. I understand that New Millennium Tax Service, Inc. can submit outstanding tax preparation fees to Collection Agencies and/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 case other forms of payment are 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 Tax

PRINT NAME

Service, 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 _____

Cardholder signature _____ Date _____