



2437 Spring Creek Blvd, Cleveland, TN 37311 --- 423-479-5686 --- WWW.DBSTAX.NET

Tax Client Packet

All information provided is confidential and will be utilized for tax preparation purposes only.

Date Dropped Off: _____ Tax Year: _____

Client Name: _____

Text-able Phone #: _____

MUST CHOOSE ONE:

_____ I want my documents printed and presented for a charge of \$10 per return year

_____ For no charge, please email me my documents .pdf form to email address:

1. FILING STATUS (Please **CHOOSE ONE**):

Single Married Filing Jointly Married Filing Separately Head of Household

2. TAXPAYER INFORMATION:

Primary Taxpayer Full Legal Name: _____

SSN#: _____ Date of Birth: ____/____/____

Occupation: _____ IPPIN (6 digit from IRS): _____

Phone #: _____ Email Address: _____

3. SPOUSE INFORMATION:

Spouse Full Legal Name: _____

SSN#: _____ Date of Birth: ____/____/____

Occupation: _____ IPPIN (6 digit from IRS): _____

Phone #: _____ Email Address: _____

4. MAILING ADDRESS INFORMATION:

Home Address (NO P.O. Boxes): _____

City: _____ State: _____ Zip code: _____

Email: _____

Phone Number: _____ Alt Phone Number: _____

5. IDENTIFICATION INFORMATION:

Taxpayer Driver's License Number: _____

State: _____ Issue Date: _____ Expiration Date: _____

Spouse Driver's License Number: _____

State: _____ Issue Date: _____ Expiration Date: _____

6. REFUND ISSUED AS: Direct Deposit Mailed Check

FINANCIAL INFORMATION FOR DIRECT DEPOSIT:

Checking Savings

Bank Name: _____

Routing#: _____ Account#: _____

7. ADDITIONAL TAXPAYER INFORMATION: Please select **ANY** that apply:

- Self-Employed (Landscaper, Uber) Small Business Owner/LLC Landlord (has Rental Property)
 Sold Stocks Paid Alimony Armed Force Reservist Government Official
 Entertainer/Performing Artist

8. ANY OTHER INFORMATION TO BE DISCUSSED/CONSIDERED:

By signing this document, you are acknowledging that all information provided in this paperwork is true and accurate. I understand that if any of the information provided to DBS Tax, Inc. is discovered to be false, inaccurate, or disproportional in any manner, that DBS Tax shall be held harmless as reporter of information provided. Taxpayer takes responsibility for providing all tax documents for processing and preparation. This is also an acknowledgement of consent to provide tax preparation including e-file transmission to IRS for federal and state filing. I acknowledge payment to be provided by either deduction from tax return or payment at time of service. I understand that services for tax preparation only include the actual preparation of tax return.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

*Thank you for choosing us for your tax preparation needs!
Let us know how we can serve you and improve our business.
Please let others know about us! We love your referrals!
Again, we thank you for giving us the opportunity to serve you.
For any and all tax related questions, please e-mail us at
info@dbstax.net*