



New Client Questionnaire

Full Name (of everyone on the return)
(As they appear on the Social Security Card)

Social Security Number

Date of Birth

____	-- --	/ /
____	-- --	/ /
____	-- --	/ /
____	-- --	/ /
____	-- --	/ /
____	-- --	/ /
____	-- --	/ /
____	-- --	/ /

Current, Correct Address:

School district you live in:

Occupation(s):

Taxpayer _____
Spouse _____

Do you have a copy of your last years
Tax return?

Yes _____ No _____

Direct Deposit Info:
(no additional charge)

Routing# _____
Account# _____

These numbers can be found on the bottom
of a check (not a deposit slip). If you are
unsure what numbers to use, please contact
your bank/credit union for guidance.

Please initial that you have reviewed the
above routing and account numbers and are
allowing us to use these numbers for direct
deposit of your refund(s)

Initial

E-mail address: _____ @ _____ **Phone #:** () _____ - _____

Thank you for choosing Integrity Tax Group

Below Line to be completed by Front Desk

Identification:

Taxpayer Number _____ Seen by (please initial) _____ Date: ____/____/20____
Spouse Number _____ Seen by (please initial) _____ Date: ____/____/20____