



Elite Bookkeeping & Accounting Services

2802 S Staples Ste E · Corpus Christi, TX 78404 · Ph: (361) 334-0716

Client Information

Primary Last Name	First Name	Middle Initial	Spouse Last Name	First Name	Middle Initial
____/____/____	____/____/____	____	____/____/____	____/____/____	____
SS#	DOB		SS#	DOB	
Address			City	State	Zip
Employment Title			Employment Title		

Dependents Information

First Name	Middle Name	Last Name	DOB	SS#	Relationship
____	____	____	____/____/____	____/____	____
First Name	Middle Name	Last Name	DOB	SS#	Relationship
____	____	____	____/____/____	____/____	____
First Name	Middle Name	Last Name	DOB	SS#	Relationship
____	____	____	____/____/____	____/____	____
First Name	Middle Name	Last Name	DOB	SS#	Relationship
____	____	____	____/____/____	____/____	____

We are glad to prepare your 2017 income tax return with the information you supplied us; however, the IRS may audit your tax return at any time. We do assist with any audits and if you hire us to help you in any audit there will be a charge of \$125 per hour fee to gather all documents that will be needed for the audit.

Are you a returning customer? Yes _____ No _____

Please circle any obligation you may have: CHILD SUPPORT STUDENT LOAN IRS BACK TAXES GOV INSTITUTIONS

IF YOUR 2017 INCOME TAX REFUND IS HELD BY THE IRS FOR PAYMENT OF A FEDERAL OR STATE OBLIGATION YOU AGREE TO BE HELD LIABLE TO ELITE BOOKKEEPING AND ACCOUNTING SERVICES FOR FEES INCURRED IN THE PREPARATION OF YOUR TAX RETURN _____

I acknowledge by signing this form that I request Elite Bookkeeping and Accounting Services to process my 2017 Tax Return and I agree to be held liable to Elite Bookkeeping and Accounting Services for any tax preparation fees and legal fees incurred should the IRS hold my tax refund for payment of any Federal or State Obligations.

Signature _____ Date _____ Signature _____ Date _____

Do you want your refund to be direct deposited to your bank account? Yes _____ No _____ Checking _____ Savings _____

Routing # _____ Account# _____ Bank _____

For Office Use Only

Refund Amount \$ _____	Fee \$ _____	Amt Pd \$ _____	Receipt # _____	IRS Deposit Date _____
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