



**All 4 1 Business Services**  
 4440 NW 203RD TER  
 MIAMI GARDENS, FL 33055-1242

**TAX CLIENT INFORMATION FORM**

*Taxpayer:*

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*Spouse:*

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Once I have fully disclosed all the tax work I need performed, a price will be quoted to me. I understand that, once my taxes have been prepared, **NO REFUNDS** will be given.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Filing Status:**  Single  Married filing joint  Married filing separately  Head of household  Qualifying Widow  
*If you selected Head of household and have no dependents, list the name and social security number of the child who lives with you and qualifies for this status.*

**\* You don't need to fill out this portion unless something has changed \***

**Dependents:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Relationship \_\_\_\_\_ Months in home \_\_\_\_\_ Non-dependent

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Relationship \_\_\_\_\_ Months in home \_\_\_\_\_ Non-dependent

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Relationship \_\_\_\_\_ Months in home \_\_\_\_\_ Non-dependent

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Relationship \_\_\_\_\_ Months in home \_\_\_\_\_ Non-dependent

**(305) 653-8824**

Check out our website at [www.all-41.com](http://www.all-41.com). You can sign up for prepaid legal services, identity theft protection, the National Motor Club, and purchase great products from Ardyss designed to make you healthy.



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**IMPORTANT INFORMATION - PLEASE READ CAREFULLY**

\_\_\_\_\_  
 Applicant's Name (Print)

\_\_\_\_\_  
 Joint Applicant's Name (Print)

**PLEASE NOTE:**

- |  | <b>Initials</b> |
|--|-----------------|
| • When you use a bank product, you do not pay for your taxes to be processed – the amount is deducted from your refund.  | _____           |
| • If your refund is taken because of a financial debt to the IRS – child support, student loans, etc. – <b>you</b> are responsible to pay us for processing your taxes.  | _____           |
| • Anything which is to be used for itemized deductions <b>must</b> have documentation proving the deduction for the IRS.   | _____           |
| • If you are self-employed, you must bring proof of income.  | _____           |
| • If you have dependents and are receiving the Earned Income Credit (EIC), you must complete the <b>Due Diligence Checklist</b> . Each customer is responsible for making sure they have this document before they leave.                            | _____           |
| • I acknowledge that I <b>must</b> examine my return and any documents attached to it to ensure that they are correct and complete to the best of my knowledge and belief. I further understand that any failure on my part will constitute perjury. | _____           |
| • Please make sure that you understand your tax return before leaving the office.  | _____           |

Thank you for your attention to this matter and for your cooperation.

I have read and understand my responsibility in this matter. Once I have signed this form, I understand that I will be given a copy for my records, and that a copy will also be placed in my file.

\_\_\_\_\_  
 (Applicant's Signature) Date \_\_\_\_\_

\_\_\_\_\_  
 (Joint Applicant's Signature) Date \_\_\_\_\_

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