***CJB TAX SERVICE***

NEW CLIENT REGISTRATION FORM

(Bring form with you for appointment, fax to (410)-630-5370 or e-mail to cjbtax11@gmail.com)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Last First MI

SPOUSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Last First MI

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( \_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Home Phone Work Phone

e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer DOB \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Spouse DOB \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Taxpayer Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filing Status:  **S**ingle, **H**ead **o**f **H**ousehold, **M**arried **F**iling **J**oint, **M**arried **F**iling **S**eparate

# DEPENDENT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name (as on SS# card) | Social Security # | DOB | Relation | Mo. In home | Ch Care |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Child Care Information

Name & Address of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt Paid: $\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip SS# or Fed ID # (9 digits)

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**BANK ACCOUNT INFORMATION (for Direct Deposit of your Refund Only)**

**Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Account: Checking Savings**

**9-digit Routing # \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***State License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date:\_\_\_\_\_\_\_\_\_ Expir Date \_\_\_\_\_\_\_\_\_\_***

***BRING THE FOLLOWING ITEMS FOR TAX PREPARATION:***

**\*\*License or State ID \*\* All W-2 forms \*\*Last year’s Tax Forms (if available)**

\*\*Any other forms of income (unemployment, retirement, misc.) statements

\*\*Documents showing Interest Paid (bank statements, mortgage statements, student loan interest, etc.)

\*\*Charitable Contribution Statements \*\*Child Care Statement

\*\*Rental Property Information \*\*Tuition Payment Information\*\* Any other itemized expenses (Medical expenses, Job-Related expenses)