

## Lisa Tax Services 3 LLC Customer Information Sheet

Phone:  Walk In:  Drop Off:  Fax:  Email:  Mail:

New Customer:  Repeat Customer:  Today's Date: 12/21/2022

First Name:		MI:	Last Name:	
Full SSN#:		DOB:		Occupation:
Street Address:				Apt#:
City:		State:	Zip:	Home #:
Cell #:		Email:		

**Spouse Information:**

First Name:		MI:	Last Name:	
Full SSN#:		DOB:		Occupation:
Street Address:				Apt#:
City:		State:	Zip:	Home #:
Cell #:		Email:		

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Business Address: \_\_\_\_\_

\$30 Referral Fee Unlimited:

REFERRAL BY: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Dependent Information

Name (first, last) Do not enter your name or spouse name below	Social Security Number	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parents, other, etc)	Number of months lived in your home last year

Filing Status: Single:  HOH:  MFJ:  MFS:  Widow:

**Dependent Care:** \*Please Provide Dependent Care Information\*

BANK INFORMATION

<u>ACCOUNT NUMBER</u>	<u>NAME OF BANK</u>	<u>ROUTING NUMBER</u>

Client Signature: \_\_\_\_\_

Service Requested / Needed

Original Returns: 2016 , 2017 , 2018 , 2019 , 2020 , 2021 , 2022

Amended Returns: 2018 , 2019 , 2020 , 2021 , 2022

E-mail for Client Information: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Enter Necessary Information

Fed:	State:	State:	State:			
Note:						
Fees:	SB	Zelle	Check	CASHAPP	CASH	CARD

Tax Preparer: \_\_\_\_\_

DATE E-FILED: \_\_\_\_\_ Initial: \_\_\_\_\_ DATE E-FILED Verified: \_\_\_\_\_ Initial: \_\_\_\_\_

DATE E-FILED: \_\_\_\_\_ Initial: \_\_\_\_\_ DATE E-FILED Verified: \_\_\_\_\_ Initial: \_\_\_\_\_

DATE E-FILED: \_\_\_\_\_ Initial: \_\_\_\_\_ DATE E-FILED Verified: \_\_\_\_\_ Initial: \_\_\_\_\_

Email Tax Copy to Client (Initial): \_\_\_\_\_