



Zippy Income Tax

CLIENT INFORMATION SHEET



(760) 401-3017 or Fax (760) 693-1599

Did you file Taxes with Zippy Tax last year? Yes No

Personal Information

Please bring in your Last Year's Tax Return (New Clients Only), W-2's, Social Security Cards for Dependents, 1099's, etc.

Primary First Name	Last Name	Date of Birth	Drivers Lic. # & Exp.	Social Security
Spouse First Name	Spouse Last Name	Date of Birth	Sps. Driver Lic. # Exp.	Spouse Social Security
Home Address	City	State	Zip	Home Phone
Primary E mail Address	Cell Phone	Name of Employer	Occupation	Work Phone
Spouse Email Address	Cell Phone	Name of Employer	Occupation	Work Phone

Taxpayer Yes No
Blind Yes No
Disabled Yes No
Pres. Campaign Fund Yes No

Spouse Yes No
 Yes No
 Yes No

Marital Status Single Head of Household (with dependent)
 Married Married Filing Separate
 Widow(er) California Domestic Partner
Date of Divorce _____ Date of Sps. Death _____

Dependent Information (This information must match Social Security Records)

Name	Date of Birth	Age	If 19 or Older Fulltime Student	Social Security #	Relationship	Months Lived With You
			<input type="checkbox"/> Student <input type="checkbox"/> Disabled			
			<input type="checkbox"/> Student <input type="checkbox"/> Disabled			
			<input type="checkbox"/> Student <input type="checkbox"/> Disabled			
			<input type="checkbox"/> Student <input type="checkbox"/> Disabled			

Day Care Information

Provider Name	Address and Phone Number	Federal ID #	Child's Name	Amount Paid

Miscellaneous Information – Please Check Yes or No

Did you receive an economic stimulus check? Yes No, If yes, how much did you receive? \$ _____

Are you a First Time Home Buyer? Yes No
Did you Purchase the Home after April 09, 2008? Yes No
Date of Purchase _____, Amount Paid \$ _____

Did you file a 2007 tax return? Yes or No, Would you like your tax return filed electronically? Yes or No

Do you owe any delinquent student loans, child support, alimony, or taxes from prior years? Yes or No

Have you ever had problems with Electronic Filing, Instant Refunds or Rapid Loans? Yes or No

Has your EIC ever been denied or reduced? Yes or No If yes, has this been resolved? Yes or No

Did you receive winning from gambling? (Lottery, race track, casino) Misc. Income (Prizes, awards, Jury Duty)? Yes or No

If I'm due a refund, I would like the convenience of having fees taken out of my refund instead of paying Zippy Tax out of my pocket.

(Please List your Bank's Information for IRS Direct Deposit, RAL Deposit or Refund Transfer Direct Deposit)

Bank's Name	Bank Routing Number	Bank Account Number	Checking or Savings
			<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
			<input type="checkbox"/> Checking or <input type="checkbox"/> Savings

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Signature _____ Date _____