

Blake M. Briscoe, CPA, P.C.

Certified Public Accountants

Member:

American Institute of Certified Public Accountants

Income Tax Client Information

Filing Status: *Married filing Jointly* _____ *Married filing Separately* _____ *Single* _____

Taxpayer Name: _____ **Occupation:** _____

Address: _____ **City/State/Zip:** _____

Date of Birth: ____ - ____ - ____ **SSN:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____ **Fax:** _____

Spouse Name: _____ **Occupation:** _____

Address: _____ **City/State/Zip:** _____

Date of Birth: ____ - ____ - ____ **SSN:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____ **Fax:** _____

Recently: Married _____ Divorced _____ Spouse Died _____, date applicable: ____ - ____ - ____

Dependent Children: (Please denote if previous dependents are no longer applicable)

Name	Birth date	Grade	SSN	Student

E-COLLECT: Yes ___ No ___ \$17.00 bank fee. Our fee for preparing your return will be deducted from your refund prior to it being deposited directly in your account. *Please provide us with a voided check for banking information.*

E-FILE: Mail your refund to you? Yes ___ No ___ Directly deposit? Yes ___ No ___
Please provide us with a voided check for banking information if you choose direct deposit.

Yes ___ No ___ Would you like for Blake M. Briscoe, CPA, P.C. be listed as an alternate contact?

Yes ___ No ___ Would you like to contribute \$13.00 to the Presidential Campaign contribution?