



CLIENT DATA SHEET

FORMS COLLECTED CHECKLIST *(office use only)*

FORM NAME	# OF FORMS

TAXPAYER'S full name _____

Social Security Number _____

Date of birth _____

Work phone _____ Cell _____

Email _____

Occupation _____

Address _____

License # _____ ST _____ Issue date _____ exp date _____

SPOUSE'S full name _____

Social Security Number _____

Date of birth _____

Work phone _____ Cell _____

Email _____

Occupation _____

Address _____

License # _____ St _____ Issue date _____ exp date _____

BANK INFORMATION

Routing # _____ Account _____

How did you hear about us? _____



PRIOR YEAR FILING STATUS (CIRCLE ONE)

SINGLE HEAD OF HOUSEHOLD MARRIED FILING JOINTLY MARRIED FILING SEPARATE QUALIFYING WIDOW

TAXPAYER INITIALS _____

Will you claim any dependents? ____ YES ____ NO

Dependent #1

Full name
Social security number (please provide card)
Relationship to taxpayer?
Date of birth

Dependent #2

Full name
Social security number (please provide card)
Relationship to taxpayer?
Date of birth

Dependent #3

Full name
Social security number (please provide card)
Relationship to taxpayer?
Date of birth

Fast Cash Advance

Would you like to apply for the loan? ____ YES ____ NO

****This loan is not credit based. You will get approved or denied based on your tax refund. The minimum is \$500 and the maximum is \$5000 **** The first \$2000 is FREE.

All information that I _____ (Taxpayer) have provided on this client data form is true and accurate to the best of my knowledge.



All information that I _____ (Spouse) have provided on this client data form is true and accurate to the best of my knowledge.

Taxpayer Signature _____

Spouse Signature _____

Today's Date _____