



## New Client Information

8080 Conser St, Overland Park, KS 66204

Phone: 913-327-1043

www.WCUnlimited.com

### TAXPAYER

Name:

Social Security Number:

Date of Birth:

Phone Number:

Email:

Occupation:

### SPOUSE

Name:

Social Security Number:

Date of Birth:

Phone Number:

Email:

Occupation:

### MARITAL STATUS (as of December 31<sup>st</sup>)

Married   Single   Divorced   Separated   Widowed

### CURRENT ADDRESS

Street and Apt #:  City:

State:  Zipcode:  Have you lived in that state for the past year?   Yes   No

If "No" when did you relocate:  From where:

### DEPENDENTS (if more lines are needed, please use the back of this form)

Name:  Relation:  SSN:  DoB:

Name:  Relation:  SSN:  DoB:

Name:  Relation:  SSN:  DoB:

### BANK INFORMATION FOR DIRECT DEPOSIT

Would you like to have your refund direct deposited?   Yes   No   If "Yes", please provide the following:

Bank name:  Type of Account:

Routing number:  Account number:

If you owe, would you like to authorize automatic withdrawal?   Yes   No

If "Yes" what date would you like to have the US Treasury make a withdrawal?

### NOTIFICATION ONCE TAXES ARE READY

Would you like a text notification when your taxes are ready?   Yes   No   Cell number:

### HOW DID YOU HEAR ABOUT US?

Referred by:

Signature

Date