

**M&L ACCOUNTING TAX SERVICES INC
CLIENT INFORMATION**

TODAY'S DATE _____

APT TIME _____ DROP-OFF _____

TAX PAYER FIRST NAME _____ LAST NAME _____

SSN# _____ DATE OF BIRTH _____ JOB TITLE _____

SPOUSE FIRST NAME _____ LAST NAME _____

SSN# _____ DATE OF BIRTH _____ JOB TITLE _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

HOME NUMBER _____ CELL PHONE _____

EMAIL _____

FILING STATUS (CIRCLE ONE THAT APPLIES)

SINGLE HEAD OF MARRIED MARRIED WIDOWED
 HOUSEHOLD FILING JOINT FILING SEPERATELY

PAYMENT (CHECK ONE THAT APPLIES)

CASH _____ CHECK _____ CREDIT CARD _____

BANK/CREDIT ACCOUNT # (THE ACCOUNT WHERE YOU WANT YOUR TAX REFUND TO GO)

BANK NAME _____

ROUTING # _____ ACCOUNT # _____