



## New Client Information

913-262-1116  
www.WCUnlimited.com

### Taxpayer

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Spouse

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

As of December 31<sup>st</sup>:

Married     Single     Divorced     Separated

Did you have health insurance in the previous year?    Y    N

### Current Address

Street and Apt. #:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you lived in the state listed above for the past year?    Y    N

If "No", when did you relocate? \_\_\_\_\_ From where? \_\_\_\_\_

### Dependents

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

**Bank Information for Direct Deposit**

Would you like to have your refund direct deposited?    Y        N

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?    Y        N

If yes, what date to have the US treasury make a withdraw \_\_\_\_\_

Would you like a text notification from us when your taxes are ready?    Y        N

Cell Number (normal messaging rates apply): \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_