

**MUNOZ ACCOUNTING INC/BYM ACCOUNTING INC**  
**CLIENT INFORMATION SHEET**  
**TAX YEAR \_\_\_\_\_**

- PLEASE COMPLETE ALL PAGES OF THIS FORM
- \* INDICATES REQUIRED FIELDS
- RETURNS WILL NOT BE PREPARED WITHOUT A COMPLETED INFO SHEET

**PERSONAL INFORMATION**- YOUR LAST NAME MUST BE THE NAME SHOWN ON YOUR SOCIAL SECURITY CARD.  
YOUR RETURN WILL BE DELAYED DUE TO INCORRECT LAST NAMES BEING SUBMITTED TO THE IRS.

\*TAXPAYER \_\_\_\_\_  
FIRST NAME MIDDLE INT LAST NAME AS APPEARS ON SOC. SEC. CARD

SPOUSE \_\_\_\_\_  
FIRST NAME MIDDLE INT LAST NAME AS APPEARS ON SOC. SEC. CARD

\*TAXPAYER SS# \_\_\_\_\_ - - \*BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*OCCUPATION \_\_\_\_\_

SPOUSE SS# \_\_\_\_\_ - - BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OCCUPATION \_\_\_\_\_

ARE YOU BEING CLAIMED ON ANOTHER TAXPAYER'S RETURN? YES  NO

**ADDRESS INFORMATION**- PLEASE WRITE YOUR CURRENT MAILING ADDRESS.

\*STREET ADDRESS \_\_\_\_\_

\*CITY, STATE & ZIP CODE \_\_\_\_\_

\*E-MAIL \_\_\_\_\_

HOME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ CELL NUMBER (\_\_\_\_) \_\_\_\_\_

\*HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**DIRECT DEPOSIT / DIRECT WITHDRAWAL**- PLEASE ENTER YOUR BANK ACCOUNT INFORMATION. IF YOU DO NOT HAVE A BANK ACCOUNT, PLEASE CHECK THE "NO" BOX. IF NO BANKING INFORMATION IS ENTERED OR INFORMATION IS INCOMPLETE, YOU WILL RECEIVE YOUR REFUND CHECK(S) IN THE MAIL.

\*\*WOULD YOU LIKE TO HAVE YOUR REFUND DIRECT DEPOSITED? YES  NO

NAME ON ACCOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CHECKING  SAVINGS

**DEPENDENT INFORMATION**- LIST ANY DEPENDENTS. IF YOU CAN NO LONGER CLAIM SOMEONE AS A DEPENDENT, WRITE "CAN'T CLAIM" AS THE RELATIONSHIP. ALL LAST NAMES MUST BE WRITTEN AS THEY APPEAR ON THE DEPENDENT'S SOCIAL SECURITY CARD.

NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE
NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE
NAME	SOC SEC NUMBER	RELATIONSHIP	BIRTHDATE

**CHILD CARE INFORMATION**- A CREDIT MAY BE AVAILABLE FOR EXPENSES PAID TO A DAYCARE, PRESCHOOL, OR CAMP. YOU WILL NEED ALL OF THE FOLLOWING INFORMATION TO QUALIFY FOR THE CREDIT!

CHILD CARE PROVIDER NAME \_\_\_\_\_ FED ID OR SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

AMT PAID FOR YR \_\_\_\_\_ DEPENDENT NAME(S) \_\_\_\_\_

DID YOU PARTICIPATE IN A DAYCARE BENEFIT PLAN WITH YOUR EMPLOYER? YES  NO

**HIGHER EDUCATION INFORMATION**-A CREDIT MAY BE AVAILABLE FOR QUALIFIED EXPENSES PAID TO AN INSTITUTION OF HIGHER LEARNING.

1) STUDENT NAME \_\_\_\_\_ TUITION PER YR \_\_\_\_\_

UNDERGRAD/GRAD \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

2) STUDENT NAME \_\_\_\_\_ TUITION PER YR \_\_\_\_\_

UNDERGRAD/GRAD \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

**FEDERAL ESTIMATED PAYMENTS** - LIST ANY QUARTERLY ESTIMATED TAX PAYMENTS YOU MADE TO THE GOVERNMENT.

FED: \_\_\_\_\_  
APRIL JUNE SEPT JAN

\* INDICATES REQUIRED FIELD

