

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 WIDOWED MARRIED
 HOUSEHOLD FILING JOINT FILING SEPERATELY

FORM OF PAYMENT FOR M & L ACCTG (CHECK ONE THAT APPLIES)

CASH _____ CHECK _____ CREDIT CARD _____

BANK ACCOUNT INFO (DIRECT DEPOSIT INFO FOR YOUR TAX REFUND)

BANK NAME: _____

ROUTING # _____ ACCOUNT # _____