



9406 Richmond Ave. Houston, TX 77063 - P:713-532-2844 E:info@assetcompanies.com

Important Note: Names must be spelled exactly as they appear on the Social Security Card.

PRIMARY TAXPAYER				SPOUSE			
First Name		Last Name		First Name		Last Name	
S.S.#		Occupation		S.S.#		Occupation	
D.O.B.		Deceased Date		D.O.B.		Deceased Date	
H/Phone		W/Phone		H/Phone		W/Phone	
E-Mail		Pager/Mobil		E-Mail		Pager/Mobil	
Disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Legally Blind	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Legally Blind	Yes <input type="checkbox"/>
Address: _____ Apt or House: _____				City _____ State _____ Zip _____			

FILING STATUS INFORMATION:

Please check the appropriate status:

- Single (must be unmarried on last day of tax year)
- Married Filing Jointly (must be married on last day of tax year)
- Married Filing Separately (must be married but each spouse files his and her own return)
- Head of Household (must be unmarried or considered unmarried on last day of tax year and maintained a home for someone for over 1/2 year)

CHILDREN & OTHER DEPENDENTS							
First Name	Last Name (if Different)	Social Security # (Mandatory)	Relationship	Months in Home(1-12)	Date of Birth	if over the age of 18	
						Income	F/T Student

Documents Provided: 1. _____ 2. _____ 3. _____ 4. _____

How did you hear about us? _____

GENERAL INFORMATION CHECKLIST:

Please answer the following questions by checking the appropriate box:

<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">YES</th> <th style="text-align: left;">NO</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Have you ever filed a U.S. Tax Return in the past?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Do you have any interest earned?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Do you own any stock?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Do you own your own business?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you use your car for business purposes?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you receive social security income?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you receive unemployment compensation?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you receive/pay alimony?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you pay child care expenses?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever filed a U.S. Tax Return in the past?		<input type="checkbox"/>	<input type="checkbox"/>	Do you have any interest earned?		<input type="checkbox"/>	<input type="checkbox"/>	Do you own any stock?		<input type="checkbox"/>	<input type="checkbox"/>	Do you own your own business?		<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for business purposes?		<input type="checkbox"/>	<input type="checkbox"/>	Did you receive social security income?		<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment compensation?		<input type="checkbox"/>	<input type="checkbox"/>	Did you receive/pay alimony?		<input type="checkbox"/>	<input type="checkbox"/>	Did you pay child care expenses?		<input type="checkbox"/>	<input type="checkbox"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">YES</th> <th style="text-align: left;">NO</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Do you own a home or Rental property?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Do you own Life insurance?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you move because of a job change?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you receive a distribution from a pension plan, profit sharing plan, tax-sheltered annuity, deferred compensation plan, IRA or Keogh? If so provide Form 1099-R.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you have a casualty or theft loss? (Generally, the loss must exceed 10% of your income)?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you incur any adoption expenses this year?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Did you or your dependants attend college?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	Do you own a home or Rental property?		<input type="checkbox"/>	<input type="checkbox"/>	Do you own Life insurance?		<input type="checkbox"/>	<input type="checkbox"/>	Did you move because of a job change?		<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a pension plan, profit sharing plan, tax-sheltered annuity, deferred compensation plan, IRA or Keogh? If so provide Form 1099-R.		<input type="checkbox"/>	<input type="checkbox"/>	Did you have a casualty or theft loss? (Generally, the loss must exceed 10% of your income)?		<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any adoption expenses this year?		<input type="checkbox"/>	<input type="checkbox"/>	Did you or your dependants attend college?		<input type="checkbox"/>	<input type="checkbox"/>
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At your request we will process the information from this sheet and other documents provided by you.

If you decide not to use our services for any or all reasons, you will owe us the processing fee of \$ 95.00.

By signing below, I certify that I have read above mentioned information and that everything hereon is correct to the best of my knowledge.

Print Name: _____ Taxpayer Signature: _____

DL #: _____ Expiration Date: _____ Date Signed: ____/____/____

For Office use only:	Interviewer: _____	Tax due/Ref quoted _____	
Missing Information:	Location: _____	Fees Quoted _____	
1. _____	Preparer: _____	Elec filing: _____	Bank Chgs: _____
2. _____	Verifier: _____	Tax prep: _____	
3. _____	Payment Mode: _____	Rcvd By: _____	Date pf Pmt: _____
Remarks: _____			Date: _____