

Bee Square Tax Service

New Client Form

INTERNAL USE ONLY!	
QB	_____
PS	_____
CM	_____

Personal Information

Referred by _____

Taxpayer:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Occupation _____
 Date of Birth _____ (mm/dd/yyyy)
 or Age as of 1/1/2006 _____
 E-mail Address _____
 Work Phone _____ Ext _____
 Cell Phone _____

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Occupation _____
 Date of Birth _____ (mm/dd/yyyy)
 or Age as of 1/1/2006 _____
 E-mail Address _____
 Work Phone _____ Ext _____
 Cell Phone _____

Home Phone _____ Fax Number _____

Address _____ Apt No. _____

City _____ State _____ ZIP Code _____

Do you want \$3 to go to the Presidential Election Campaign Fund? _____ Taxpayer Yes No
 Spouse Yes No

Dependents (or persons living in your household), if more than three use the back of this sheet.

Name _____	Date of birth _____	Social Security # _____
Name _____	Date of birth _____	Social Security # _____
Name _____	Date of birth _____	Social Security # _____

Would you like to have your refund deposited or balance due withdrawn electronically to/from your bank account:

REFUND - Deposit my refund to my bank account. I have provided a cancelled check to verify the account information.
 DUE - I authorize the IRS to withdraw the amount due. I have provided a cancelled check to verify the account information.

W- 2s enclosed: Yes No If no, explain: _____Number of W- 2's: _____ Other documents enclosed (Forms 1098, 1099, etc.): Yes NoState of residence: _____ Did you live and work the entire year in this state? Yes No

If no, list other states & Dates: _____

Information for the Earned Income Credit Only:*The questions below must be answered to calculate EIC.*

Is the taxpayer or spouse a qualifying child for EIC for another person? Yes No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2005? Yes No
 If the SSN of either taxpayer or spouse was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help)
 Check if taxpayer is filing head of household **and** lived with nonresident alien spouse during the last six months of 2005
 Check if EIC was disallowed or reduced in a previous year and taxpayer is required to file Form 8862
 Check if EIC was notified by the IRS that EIC cannot be claimed in 2005

Anything else that may be useful in preparing your taxes (deductions, contributions, medical expenses)
 Please include any questions for your tax professional on the back of this sheet