

COMP-CONSULTING BUSINESS SOLUTIONS

DATE: _____

Regular__ Direct Deposits__ Quick Check__ Quick Deposits__

DIRECT DEPOSITS ONLY:

Bank Name: _____ Account#: _____ Routing#: _____

FILING STATUS:

Single__ Head of Household__ Married Joint__ Married Separate__ Qualifying widower__ Qualifying widow__

TAXPAYER INFORMATION:

(His) Name _____ (Her) Name _____

(His) Social Security # _____ (Her) Social Security # _____

(His) Date of Birth _____ (Her) Date of Birth _____

Address _____

CONTACT INFORMATION: (Home) _____ (Work) _____

(Cell) _____ Email Address _____ @ _____

DEPENDENTS:

Name _____ SS# _____ DOB _____ Relationship _____

Name _____ SS# _____ DOB _____ Relationship _____

Name _____ SS# _____ DOB _____ Relationship _____

Name _____ SS# _____ DOB _____ Relationship _____

CHILD CARE INFORMATION:

Daycare Name: _____ Address: _____

Daycare EIN #: _____ Total Amount Paid _____

ACKNOWLEDGMENT:

I acknowledge that the information provided in this document is used for preparing and transmitting my federal and state returns to the federal and state authorities. I also acknowledge that by signing this document I agree that Comp-Consulting Business Solutions will not be liable for error and / or misrepresentations if the information contained herein is false.

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____