

3030 East Market Street • York, PA 17402 (717) 757-5482 • TEXT (717) 759-4227 "We'll count the beans, you enjoy the coffee."

Client Information Form

Contact Information		
Taxpayer Name Spouse Name		
Phone Spouse phone		
Email Spouse Email		
Address City, State, zip		
Filing Information		
Marital Status (circle one): sing	le married joint married	separate head of household
Taxpayer DOB	Spouse DOB	
Taxpayer Soc Sec #	Spouse Soc Sec #	
Taxpayer Occupation	Spouse Occupation	
Dependants		
Include LAST name if different	Months they lived	Use back of sheet for additional dependants
Date of Birth Name	with you (1-12)	Soc. Security #
Can someone	else claim your children?	YES NO
If YES - please request and fill out the Waiver of Potential Conflict		
Did you have health insurance through Healthcare.gov?		Yes No
Did you receive either a PPP or EID loan?		Yes No
Did you take money out of your 401K plan? Did you test positive for Covid-19 last year?		Yes No Yes No
Refund Preference and Bank Info		
If you are getting a refund or need to pay in, which method do you prefer?		
(circle one) Send/Receive Check or Pay/Receive Electronically		
Bank Name		
Routing #	Acct #	
Payment for ASY Serv		If 65 or older
Do you want our fees taken out of you	r return? (circle one)	For PA Rent Rebate:
YES NO		Do you (circle one) Rent or Own
(there will be a \$65.00 bank fee for this option)		Monthly Pymt \$
		Printed or Digital Tax Return
		I prefer a digital copy of my tax return Yes No
		1.62 140

Signature Date