

OMAR ENTERPRISE
BASIC CLIENT INFORMATION

Name: _____ DOB: _____ SS#: _____

Spouse Name: _____ DOB: _____ SS#: _____

Occupation: _____ Date of Hire _____

Dependent's Info:

1. Name: _____ SS#: _____

DOB: _____

2. Name: _____ SS#: _____

DOB: _____

Current Address: _____

City: _____ Zip Code _____

Daytime Tel #: _____

Home Tel #: _____

Email Address: _____

Direct Deposit Information:

Routing number: _____ Account number: _____

Type: Checking Savings

Drivers license #: _____ Date issued: _____ Expiration Date: _____

Place of Issuance: _____ Type: _____

Tax Payer Acknowledgement

I, ----- hereby acknowledged that my/our income tax return for the year 2016 was prepared by a representative of this office based on the information supplied by me/us. I/we will be responsible for any misrepresentation.

TP Sign: _____ Date: _____

Spouse Sign: _____ Date: _____