

**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 2017 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: \_\_\_\_\_