

# 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 #: \_\_\_\_\_

### 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 2009 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: \_\_\_\_\_