

**OMAR INT'L ENTERPRISE – DBA OMS TAX SERVICE**  
**BASIC CLIENT INFORMATION**

TY 20\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Sp Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Occupation: \_\_\_\_\_ SP Occupation: \_\_\_\_\_

**Dependent's Info:**

1. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

2. Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

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 20\_\_\_\_ 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: \_\_\_\_\_