



All American Best Tax Services LLC

Agreement for Tax Preparation Service/Client Information Entry Form

2815 Boat Landing Dr. Fayetteville, NC

910.920.6523

Select one as applicable to your filling.

Single ; Married Filing Joint ; Separate ; Head of Household ; Divorced ; Never Married

Name: _____

SSN: _____ - _____ - _____; Date of Birth: ____/____/____ (Example: Month/Date/Year)

Physical Address: _____ City/State _____/_____/Zip _____

Phone # (____) _____ - _____; Job Title _____ Email _____

Driver License # _____; States _____ Issue Date ____/____/____ Ex Date ____/____/____

Spouse – Name: _____

SSN: _____ - _____ - _____; Date of Birth: ____/____/____ (Example: Month/Date/Year)

Physical Address: _____ City/State _____/_____/Zip _____

Phone # (____) _____ - _____; Job Title _____ Email _____

Driver License # _____; States _____ Issue Date ____/____/____ Ex Date ____/____/____

1. Dependent – Name: _____

Date of Birth: ____/____/____ Relationship: _____ Disabled: Y N

2. Dependent – Name: _____

Date of Birth: ____/____/____ Relationship: _____ Disabled: Y N

3. Dependent – Name: _____

Date of Birth: ____/____/____ Relationship: _____ Disabled: Y N

4. Dependent – Name: _____

Date of Birth: ____/____/____ Relationship: _____ Disabled: Y N

IMPORTANT INFORMATION *Your Signature validate that the above information is yours and 100% accurate and it's also an Authorization to use the same information for your Tax preparation only. Note, liability that all information provided is accurate and has been verified, belongs to the Taxpayer(s). We will ask to clarify some items but, will not audit the data submitted. This Signature will also be applied to the Engagement Letter in your return. Signature _____ Date ____/____/____.