

Creekside Income Tax

2151 Hess Road, Appleton, NY 14008

716-778-5120

New Client Information Form

Tax Payers

Full Name _____ Date of Birth _____ Social Security Number _____ Disabled Yes/No _____

Spouses Full Name _____ Date of Birth _____ Social Security Number _____ Disabled Yes/No _____

Are you: married single legally seperated

Dependents

Full Name _____ Date of Birth _____ Social Security Number _____ Male/Female Disabled Yes/No _____

If not married, do your children live with you?

How many months per year?

Contact Information:

Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Bank Information for Direct Deposit

Bank Name _____

Routing # _____

Account # _____

Checking/Savings _____

Are either the taxpayer or the spouse active volunteer fire personnel? Taxpayer Yes/No _____

Spouse Yes/No _____

If so, Fire Company Name _____

Address _____