

Detailed Financial Services, Inc.

Fillable Tax Client Information Packet

Complete all fields electronically and save before returning.

Taxpayer Name:

Spouse Name:

Address:

Phone:

Email:

Taxpayer IP PIN:

Spouse IP PIN:

Household Members 3-5 (Name / SSN / DOB / IP PIN):

Schedule C Business Worksheet (Fillable)

Gross Receipts

Advertising

Car & Truck Expenses

Contract Labor

Insurance

Legal & Professional Fees

Office Expenses

Rent/Lease

Repairs & Maintenance

Supplies

Taxes & Licenses

Travel

Meals

Utilities

Other Expenses

Client Acknowledgment

I certify that all information provided is complete and accurate. No changes or adjustments will be made after submission. Payment is due upon completion of services. A \$50 surcharge may be added to unpaid completed returns.

Electronic Signature:

Date: