

Client Update & New Client Information Form

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Taxpayer's Name _____ DOB (if new) _____

Spouse Name _____ DOB (if new) _____

Street Address _____

City, State & Zip _____

Contact Information

Taxpayer

Spouse

Home Phone _____

Work Phone _____

Cell Phone _____

Job Title _____

E-FILE Information (All tax returns prepared are filed electronically free of charge)

Refund (check) _____ mailed or _____ direct deposit (ITFS recommends Direct Deposit)

For Direct Deposit

New Client: Provide a voided check and two forms of ID for each taxpayer, one of which must have a picture.

Existing Client: Should we use the same bank account as last year? _____ Y _____ N
If your bank information changed from last year, provide us with a new voided check.

Dependents (if new client please provide)

Name	SSN	Date of Birth	Please Circle
_____	_____	_____	Delete Add
_____	_____	_____	Delete Add
_____	_____	_____	Delete Add