



Wright Enterprises Of New York Inc.

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EXISTING CLIENT INFORMATION SHEET

Complete the following form as accurately as possible. Any wrong information can delay your return or cause it to be rejected. This form **must** be submitted with **all** of your W-2 forms, related documents, and a valid picture identification in order for your return to be processed.

Taxpayer SSN: _____ Spouse SSN: _____
Taxpayer Name: _____ Spouse Name: _____
Date of Birth: _____ Spouse DOB: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Number: _____ Mobile: _____ Email: _____

HOUSEHOLD

List your dependents in the spaces provided. **Do Not** list yourself or your spouse.

Name:	Name:	Name:
SSN:	SSN:	SSN:
DOB:	DOB:	DOB:
Relationship:	Relationship:	Relationship:
Months in home in 2021 :	Months in home in 2021 :	Months in home in 2021 :
Child Care Expenses?	Child Care Expenses?	Child Care Expenses?
College Student?	College Student?	College Student?
Can anyone else claim them?	Can anyone else claim them?	Can anyone else claim them?

ACTC AND EIP PAYMENTS

Did you receive **Advance Child Tax Credit** payments (ACTC)?

If you answered **yes**, how much did you receive?

If filing **jointly**, how much did your **Spouse** receive?

Did you receive the third round of **Stimulus Payments** (EIP)?

If you answered **yes**, how much did you receive?

REFUND INFORMATION

Are you paying your fees upfront?

Do you want a Refund Advance? (**Additional fees may apply**)

Do you want a bank product? (**Additional fees may apply**)

Do you want your refund (or loan proceeds) deposited into your bank account?

If you answered **yes**, please complete the following:

Bank: _____ Type of Account: _____
Routing Number: _____ Account Number: _____

CONSENT TO USE OF TAX INFORMATION

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year. If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee. For your convenience, we have entered into arrangements with a bank to provide qualifying taxpayers with the opportunity to apply for a Refund Anticipation Loan (RAL), or Electronic Refund Check or Electronic Refund Deposit. To determine whether these products may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund. If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information. By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your **2021** tax return to determine whether to present you with the opportunity to apply for these products and services.

Taxpayer Signature:

Date:

Spouse Signature:

Date:

ACKNOWLEDGMENT

I the above-mentioned taxpayer(s) solemnly swear that the information that was forwarded to the tax preparer, is true to the best of my knowledge. In no way am I attempting to file a fraudulent claim by providing the tax preparer with false documentation. I understand that if the information is false or conjured, that I am liable to a fine and/or imprisonment by the federal and/or my local government. I also want to acknowledge that any wrong- doing on my behalf, is not a reflection of the tax preparer. I also agree that if I receive a bank product, and the IRS does not fully deposit all or none of the fees, that I am liable to WENYINC for all or the unfunded portion of the fees, as well as any collection, and attorney fees in connection with the collection of my fees if I fail to pay the fees after *Thirty (30) Days* of being notified by WENYINC.

Taxpayer Signature:

Date:

Govt Issued ID:

Number:

State:

Issued:

Expires:

Spouse Signature:

Date:

Govt Issued ID:

Number:

State:

Issued:

Expires:

FOR OFFICE USE ONLY

Federal: **Refund:** _____ **Balance:** _____ State: **Refund:** _____ **Balance:** _____
