



Wright Enterprises Of New York Inc.

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NEW 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.

SSN #: _____ Spouse SSN #: _____

Name: _____ Spouse Name: _____

DOB: _____ Spouse DOB: _____

Home Number: _____ Mobile: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ School District: _____

Are you requesting a video conference? _____ If Yes, When? _____

What type of video service do you have? _____

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 your home in 2020? _____ Months in your home in 2020? _____ Months in your home in 2020? _____

Child Care Expenses? _____ Child Care Expenses? _____ Child Care Expenses? _____

Educational Expenses? _____ Educational Expenses? _____ Educational Expenses? _____

Can anyone else claim them? _____ Can anyone else claim them? _____ Can anyone else claim them? _____

REFUND INFORMATION

Are you paying for your tax preparation service upfront? _____

Do you want your fees withheld from your refund? (additional fees may apply). _____

Do you want a Refund Advance? (additional fees may apply). _____

Do you want your refund deposited into your bank account? _____

If yes (even if you are paying upfront), answer the following:

Name of bank: _____ Type of account: _____

Route #: _____ Account #: _____

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's Signature: _____ Date: _____

Govt Issued ID: _____ State: _____ Number: _____ Issued: _____ Expires: _____

Spouse's Signature: _____ Date: _____

Govt Issued ID: _____ State: _____ Number: _____ Issued: _____ Expires: _____

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 **2020** tax return to determine whether to present you with the opportunity to apply for these products and services.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Federal: Refund: _____ Balance Due: _____ State: Refund: _____ Balance Due: _____

