

VINCENT GROUP

2020

CLIENT INFORMATION SHEET

(Please Print)

Name _____ Birthdate _____ SS# _____

Spouse _____ Birthdate _____ SS# _____

Mailing Address: _____ County _____

City/State/Zip _____ Phone _____

Email _____ Cell Phone _____

Dependents:

Name _____ Birthdate _____ SS# _____

Name _____ Birthdate _____ SS# _____

Name _____ Birthdate _____ SS# _____

Name _____ Birthdate _____ SS# _____

How did you hear about us? _____

Thank you for Coming! We appreciate your business!

DROP-OFF ONLY

Driver's License #: _____ Driver's License #: _____

Issue Date: _____ Issue Date: _____

Expiration Date: _____ Expiration Date: _____

How do you want your refund?

- Check mailed to you
 Direct Deposit to your bank account

Bank name: _____

Routing Number: _____

Account Number: _____