

B&R Tax Accounting Services

2019 Client Data

Personal Information

	First and Last Name	SSN	Date of Birth
Taxpayer			
Spouse			

Street address, City, State and Zip	<input type="checkbox"/> Check if New Address

SecureFilePro Portal - Annual Membership Fee \$10

Safe, secure way to upload pdf documents, send/receive messages to tax preparer, access pdf tax return documents.

I wish to participate, send an email invitation with my Username and PIN to me. _____ (initial)

Email Address	Primary Phone	Alternate Phone
Taxpayer		
Spouse		

Marital Status at the end of 2019

- Married
- Married filing Separately
- Single
- Widow(er) If spouse died in 2019

enter date of death _____

- | | | |
|--------------------------|--------------------------|---|
| T | S | |
| <input type="checkbox"/> | <input type="checkbox"/> | Taxpayer or Spouse is Blind |
| <input type="checkbox"/> | <input type="checkbox"/> | Taxpayer or Spouse is Disabled |
| <input type="checkbox"/> | <input type="checkbox"/> | Taxpayer or Spouse is Full-Time Student |

Dependant Information

First and Last Name	SSN	Date of Birth	Relationship	Full-Time Student
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Account Information for Direct Deposit of Refund

Name of Bank	CKG	SVG	Routing Number	Account Number
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Special Notes
