

PELICAN TAX SERVICES, INC.

ANNUAL CLIENT REVIEW

Please fill out this form and return it to the front desk with your government-issued ID.
Please also present the government-issued ID for your spouse and proof of residency for any dependents

Client Verification

Taxpayer SSN: _____ - _____ - _____ First & Last Name: _____
Phone: _____ - _____ - _____ Email: _____

Client Information Sheet Review

Have you had any changes to your tax profile since your last visit? *(examples are on the back of this sheet)*

No changes My updates are written on the back of this page.

Services I have an appointment I am a walk-in I am dropping off

What service do you require?

Please mark all that apply

If you are requiring services for a new business, please ask us for a Business Information Sheet.

Tax Year **Notes** *(stimulus amounts, ACTC amounts, business closure, etc)*

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Notes: _____

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Notes: _____

_____ Tax Return Amendment Consultation Bookkeeping Business Formation Other

Notes: _____

Signature

All information provided by me to Pelican Tax Services is given truthfully and in good faith. Pelican Tax Services will not sell, release, or otherwise distribute my personal information without my consent. Pelican Tax Services will keep my records on file as required by IRS regulations and state law, after which time they will be disposed of in a secure manner. Pelican Tax Services is not responsible for discrepancies on your tax return which are due to incomplete, concealed, or false information, whether it may be accidental or otherwise.

Primary Taxpayer Signature

Date

Spouse Signature

Date

