

**MARITIME TAX & ACCOUNTING, INC.  
CLIENT INFORMATION - TAX YEAR 2021**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Driver License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Driver License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Your Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**LIST ALL DEPENDENTS YOU ARE CLAIMING:**

Name	SS Number	Date of Birth	Relation to You

**\*PLEASE CIRCLE AN ANSWER TO THE QUESTIONS BELOW\***

Did you receive the THIRD stimulus payment, issued approximately March/April 2021?    YES    NO

If yes, how much did you receive: \_\_\_\_\_

Did you receive an Advance Child Tax Credit payment each month beginning July 2021?    YES    NO

If yes, how much did you receive: \_\_\_\_\_

Would you like your refund direct deposited?    YES    NO

**If YES, please provide a copy of a check for account information**

Bank Name: \_\_\_\_\_

Account type:            CHECKING            SAVINGS

Account Number \_\_\_\_\_

Routing Number: \_\_\_\_\_

Would you like to discuss your tax return with the preparer WHILE it is being processed?    YES    NO

Preferred method of contact when tax return is completed:            EMAIL            PHONE

Preferred method of delivery when tax return is completed:            EMAIL            MAIL            PICK-UP