

LeGrand Financial Services

PLEASE LEAVE BLANK FOR ACCOUNTANT



For Official Use Only:

Office Fee
Federal Refund
State Refund

TODAY'S DATE:

FILING STATUS (CIRCLE ONE):

HEAD OF HOUSEHOLD SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPARATELY

CLIENT'S NAME:

SPOUSE'S NAME:

CLIENT'S D.O.B.:

SPOUSE'S D.O.B.:

CLIENT'S OCCUPATION:

SPOUSE'S OCCUPATION:

CLIENT'S S.S.#:

SPOUSE'S S.S.#:

CURRENT ADDRESS:

(STREET, CITY, STATE, ZIP)

HOME PHONE #:

HOME PHONE #:

WORK PHONE #:

WORK PHONE #:

CELL PHONE#:

CELL PHONE#:

E-MAIL ADDRESS:

E-MAIL ADDRESS:

IF YOU HAVE DEPENDENTS PLEASE ENTER INFORMATION IN THE SPACE PROVIDED; IF NOT, PLEASE WRITE N/A

DEPENDENTS (NAME)	S.S. #	D.O.B.	RELATIONSHIP	HEALTH INSURANCE Y/N
-------------------	--------	--------	--------------	----------------------

I.D. # & STATE:

ISSUE DATE & EXPIRATION DATE:

*****PLEASE READ CAREFULLY*****

PLEASE SPECIFY WHICH WAY YOU WOULD LIKE TO RECEIVE REFUND (CIRCLE ONE)

L.F.S. OFFERS (MAKE PAYMENT UPON COMPLETION)

PAPER CHECK-MAILED DIRECTLY TO HOME OR SPECIFIED ADDRESS IN UP TO 30 BUSINESS DAYS

DIRECT DEPOSIT-SENT ELECTRONICALLY TO BANK ACCOUNT IN UP TO 10-21 BUSINESS DAYS

OR

BANK PRODUCTS (L.F.S. + BANK FEES TAKEN DIRECTLY OUT OF REFUND)

DIRECT DEPOSIT-SENT ELECTRONICALLY TO BANK ACCOUNT IN UP TO 10-21 BUSINESS DAYS

CHECK-CHECK SENT TO OFFICE IN UP TO 10-21 BUSINESS DAYS

PREPAID CARD-CARD ISSUED IN OFFICE AND REFUND WILL BE DEPOSITED TO CARD IN UP TO 10-21 BUSINESS DAYS

Childcare Provider(s)

Name of Provider:

Address:

Amount paid:

Tax Id # or SSN:

DIRECT DEPOSIT (IF APPLICABLE)

NAME OF BANK:

ROUTE #:

ACCOUNT #:

CHECKING OR SAVINGS (CIRCLE ONE)

"STRIVING FOR FINANCIAL GREATNESS"