

# 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 S.S.#:**

**SPOUSE'S S.S.#:**

**CURRENT ADDRESS:**

(STREET, CITY, STATE, ZIP)

**CLIENT'S D.O.B.:**

**SPOUSE'S D.O.B.:**

**HOME PHONE #:**

**HOME PHONE #:**

**WORK PHONE #:**

**WORK PHONE #:**

**CELL PHONE#:**

**CELL PHONE#:**

**E-MAIL ADDRESS:**

**E-MAIL ADDRESS:**

**CLIENT'S OCCUPATION:**

**SPOUSE'S OCCUPATION:**

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)