ROK FINANCIAL

Tax Return Information Sheet

Please provide the following information in order for us to complete your tax return(s). Your ROK Financial professional will contact you with any additional questions required to complete your tax return.

Client Name ________________________________ Social Security Number________-___-________
Date of Birth: __________________________ Occupation: ____________________________
E-mail address: ____
Spouse Name ________________________________ Social Security Number________-___-________
Date of Birth: __________________________ Occupation: ____________________________
Phone Number: (___) ____-______ Best time to call: ___________ Latest time to call: _______________
Alternate Number: (___) ____-_____
Current Address: ____
____

Has your address changed since you filed last year's taxes? _ Yes _ No
Did you live and work the entire year in this state? _ Yes _ No
If no, list other states: ____

Dependent's Name	Date of Birth	Social Security #	Relationship	# Months in Home

We electronically file (e-file) our returns, at no charge to you! Please provide us with one of the following:

_ Voided Check (checking account) _ Deposit Slip (savings account) _ I choose not to e-file

Have you received a copy of our privacy policy? _ Yes _ No

How did you hear about us? _ Referred by ____
_ Mailing _ Advertisement _ Other

Feel free to write any additional information on the back of this sheet.

Please include this form with your ROK Financial Tax Preparation Checklist and the corresponding tax documents. If you have any questions while completing this form and gathering your tax documents, please contact us at (801) 582-6400.

___________________________________ ___________________________________
Signature Signature

Internal Use Only

Date Documents Picked Up: _____________________________ Time: _________________________
Date Documents Dropped Off: ___________________________ Time: _________________________
Privacy Policy Given (if "no" checked above): ____