



**Above & Beyond**  
Financial Services Inc.

**ABOVE AND BEYOND CLIENT INFORMATION SHEET**

3355 Lenox Rd, Suite 750, Atlanta, GA 30326

Office: 404.250.3258 Fax: 404.759.2599

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_ Email: \_\_\_\_\_

|                      |             |                   |                              |
|----------------------|-------------|-------------------|------------------------------|
| Name: _____          |             | SSN: _____        |                              |
| Address: _____       |             | City: _____       | State: _____ Zip Code: _____ |
| Date of Birth: _____ |             | Occupation: _____ |                              |
| Cellphone# _____     | Home# _____ | Work# _____       |                              |

Marital Status (Circle One): **Single**    **Married (Jointly)**    **Married (Separate)**    **head of household**    **widowed**

|                      |             |                   |                              |
|----------------------|-------------|-------------------|------------------------------|
| Spouse Name: _____   |             | SSN: _____        |                              |
| Address: _____       |             | City: _____       | State: _____ Zip Code: _____ |
| Date of Birth: _____ |             | Occupation: _____ |                              |
| Cellphone# _____     | Home# _____ | Work# _____       |                              |

| Dependent Name | Date of Birth | Social Security Number | Relationship to you |
|----------------|---------------|------------------------|---------------------|
|                |               |                        |                     |
|                |               |                        |                     |
|                |               |                        |                     |
|                |               |                        |                     |

**Bank Information for Direct Deposit**

Bank Name: \_\_\_\_\_ Bank routing #: \_\_\_\_\_ Bank Account#: \_\_\_\_\_

Verify: Bank routing #: \_\_\_\_\_ Bank Accounting #: \_\_\_\_\_

**CREDIT CARD INFORMATION FOR PAYMENT**

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

I acknowledge all of the information provided to prepare my tax return to be true and accurate to the best of my knowledge. I also acknowledge the information I have provided is obtain in my records by all Important Tax Documents, Bank Statements, Receipts, Accounting Records, and/or Invoices. In the event that I am audited, I acknowledge that I am completely responsible for providing proof of all deductions to the IRS. My preparer has only interpreted my tax information on my behalf and is not be responsible from any information I have provided without proof of record and/or false. I agree I have been informed by my tax preparer of the chance of audit and I am solely responsible. Based on the information provide on my tax return and a consultation of possible audit, I declare all information I have reported is true.

Print Name: \_\_\_\_\_ Print Spouse Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_