



Burchett Financial Services
8426 Medical Plaza Drive, Suite 300
Charlotte, NC 28262
PHONE: 704-549-9401 FAX 704-549-1340

Joyce Burchett, EA.

NEW CLIENT INFORMATION/UPDATE/DROP-OFF SHEET

TAXPAYER

Full Name: _____
SS# _____
Date of Birth: _____
Home Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

SPOUSE

(Please check which phone number is the best to reach you during reg. business hours)

E-mail Address: _____

Other e-mail: _____

(Please mark which e-mail we can send notices and newsletters to) Do you want to have refund, if any, directly deposited at no fee? (Yes) (No)

Bank: _____ Routing# _____ Account# _____

Do you want to E-file your returns (at an additional \$38 fee)? (Yes) (No)

Desired Completion Date: _____

Desired method of pick-up or mailing: _____

I understand that my desired pickup date will be the targeted completion time and when the return is completed and ready for pickup, the office will call/e-mail me and let me know of its completion. Please do not call the office before that desired date. I certify that I have reviewed and have completed the Reminder Checklist for completion of my tax return and that it is complete.

Burchett Financial Service Agent

Client

Dropped off and signed on: _____ Log # _____
Date

NEW CLIENTS ONLY

Who referred you? _____

Dependent Information:

Full Name _____ SS# _____ Date of Birth _____

_____ M/F
_____ M/F
_____ M/F

(Write on back of page if needed)