

Burchett Financial Services

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NEW CLIENT INFORMATION/UPDATE/DROP-OFF SHEET

TAXPAYER	SPOUSE	
Full Name:		
SS#		
Date of Birth:		
Home Address:		
Home Phone:	_	
Work Phone:		
Cell Phone:		
(Please check which phone number i	s the best to reach you duri	ng reg. business hours)
E-mail Address:		
Other e-mail:		
directly deposited at no fee?	(Yes) (No)	to) Do you want to have refund, if any,
Bank:	Routing#	Account#
Do you want to E-file your returns (at an additio	onal \$50 fee)? (Yes) (No)	
Desired Completion Date:		
Desired method of pick-up or mailing:		
(If you choose to have it mailed, we ch	narge between \$5-15 dependir	ng on the size and weight)
Did you receive the first stimulus check in the How much was your check?		
Did you receive a second stimulus check in .	January 2021?	
How much?	•	
I understand that my desired pickup date will and ready for pickup, the office will call/e-m office before that desired date. I certify that completion of my tax return and that it is contained.	nail me and let me know of I have reviewed and have c	its completion. Please do not call the
Burchett Financial Service Agent	Client	
Dropped off and signed on:		
Date		

NEW CLIENTS ONLY

	Dependent Information	on:
ull Name	SS#	Date of Birth
		M/F
		M/F
		M/F
	(Write on back of page if needed)	