



Penny Brown
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Married ___ Married Separated ___ Head of Household ___ Single ___ Dependent of Another ___

Taxpayer(HUSBAND)Name _____ DOB _____ SS# _____

Driver License# _____ State _____ Issued _____ Expiration _____

Address _____

Cell Phone _____ Email _____

DO WE HAVE PERMISSION TO TEXT? _____ PAPER COPY OR PAPERLESS? _____

Spouse(WIFE)Name _____ DOB _____ SS# _____

Driver License# _____ State _____ Issued _____ Expiration _____

Cell Phone _____ Email _____

DO WE HAVE PERMISSION TO TEXT? _____

If you live in **OHIO**, What is your School District? _____

* *Bank Name* _____ *Route* _____ *Acct* _____

Dependents to Claim (YOU MUST HAVE LEGAL DOCUMENTATION or SIGNED 8332 RELEASE TO CLAIM)

Name _____ DOB _____ Social _____ Relation _____

Name _____ DOB _____ Social _____ Relation _____

Name _____ DOB _____ Social _____ Relation _____

Name _____ DOB _____ Social _____ Relation _____

Are you legally able to claim dependent for current tax filing year? YES _____ NO _____

SECTION BELOW IS FOR BUSINESS OWNERS ONLY.

Business Name _____ EIN # _____

LLC, SCORP, CORP, INC, PARTNER, OR ESTATE? _____ LLET# _____ Org.# _____

Occupational(s) Needed? _____ What County/City? _____

I agree to all information to be accurate and true on this form. I agree for Penny Brown to be a Power of Attorney if representation is needed regarding my Income Tax Return.

Printed Name

Signature

Date

**PAYMENT IS DUE AT TIME OF SERVICE COMPLETED.
THANK YOU FOR YOUR BUSINESS!**