

**PREMIER Financial Tax & Accounting Services  
dba Friendly Tax Services**

**Client Data Sheet - STIMULUS**

Filing Status: Single \_\_ Married\_\_ Head of Household\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

**SSN or ITIN:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Driver License or State ID #:** \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expired Date: \_\_\_\_\_

Email: \_\_\_\_\_

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

Date: \_\_\_\_\_

The CLIENT states that the information provided are accurate and TRUE and is to be use for the sole purpose of filing his/her Tax Return for the sole purpose of the **Recovery Rebate Credit Stimulus**. We are required by law to keep Client's information at a secure location and not sell or share this information with anyone besides preparing the tax return and filing the return with the Internal Revenue Service and State Agencies.