

## Stephen G. Brilliant, M.S., CPA

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<u>Taxpaye</u>	Spouse:						
SSN #:							
First Name:							
_ast Name:							
Date of Birth:							
Occupation:							
Email:							
Primary phone:			Primary Phor	ne:			
Home □ Cell □ Work □			Home □	Cell □	Work □		
referred form of communication:			Preferred form of communication:				
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Military Veteran:	Yes □	No □		Yes □	No □		
Legally blind:	Yes □	No □		Yes □	No □		
Dependent of another taxpayer:	Yes □	No □		Yes □	No □		
Street Address:							
Town:		State:	Zip	:			
County	School District (CA NV & PA Clients Only):						

Dependents/Home Residents:							
First Name:	Last Name:	DOB:	SSN#:	Relationship:			
Direct Deposit/ Electronic Fund	ds Withdrawal Info	ormation:					
If you would like to have a refund deposited	directly or a balance due	debited directly into/from your bar	nk account, please enter the	following information:			
Financial Institution:		Type of Account (1 Savings, 2 Checking)					
Routing #:		Acct #:					
	We provide one	copy of your tax return e	ach year:				
Please check one method of receipt:		Be advised:					
	Paper □		State Requires a 'wet' signature on Onvio e-signature. or scans of signatures will be accepted.				
Onvio Portal □		<ul> <li>If you opt for a digital or email copy you will not receive a paper copy of your returns and it is your responsibility to print and save</li> </ul>					
Email □		<ul> <li>your tax returns.</li> <li>Additional copies will be \$25 per request. We need two different emails on file if you are filing a joint tax return and select the Onvio Portal</li> </ul>					

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