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TAXPAYER INFORMATION FORM

FILING OPTIONS: Mail refund Direct Deposit (Need check w/routing & account numbers)

_____/_____/_____
TAXPAYER FIRST NAME MI LAST NAME DATE OF BIRTH

SOCIAL SECURITY NUMBER OCCUPATION

_____/_____/_____
SPOUSE FIRST NAME MI LAST NAME DATE OF BIRTH

SOCIAL SECURITY NUMBER OCCUPATION

ADDRESS CITY STATE ZIPCODE

HOME PHONE WORK PHONE CELL PHONE

FILING STATUS: SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPARATE
 HEAD OF HOUSEHOLD QUALIFYING WIDOW EMAIL: _____

DEPENDENT(S):

First Name	Last Name	Date of Birth	Social Security Number	Relationship
_____	_____	_____/_____/_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____/_____/_____	_____
_____	_____	_____/_____/_____	_____/_____/_____	_____

DOCUMENTS NEEDED: W-2's, Interest Amount from Bank(1099-int), Last Year's Federal and State Refunds amounts, Unemployment Amount for Last Year, Student Loan Interest, Medical Expenses, and School Fees Paid Last Year, Child Care expenses (SSN/EIN for provider required.) Copy of driver's license and/or permanent resident card and social security cards.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Referred by: _____ PayByRefund __ Prepay__