

5982 West Side Saginaw Rd. Bay City, MI 48706 o. (989) 439-1098 f. (989) 460-1604

Personal Income Tax Data

The information requested on this form is for the preparation of your 2016 personal income tax return. Please ensure that you have received all income slips, receipts and other information prior to submitting your tax information to us to ensure your return is processed in a timely basis.

Federal and state tax regulations require you to keep paid bills and cancelled checks supporting the deductions used for at least three years. Do not claim any bills that have not been paid during the year unless they were charged to your credit card before year-end.

General Information

Personal Information **Social Security** Date of **Full Name** Occupation Number Birth Taxpayer Spouse ☐ Single □ Married ☐ Divorced ☐ Widowed Marital Status at the end of the year: Date Date Mailing Address City State Zip Address on Last Year's Return (if changed) Cell Phone ■ Email ☐ Home Phone ☐ Work Phone Please check preferred method of communication. **Dependents Social Security Number** Months Lived Months as Full-Date of Birth Relationship **Full Name** (required) With You Time Student



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Your refund check ca provide us with the i	nformation below. Fees a E-File/Direct Depo	·	
Please check one:	E-File/Direct Depo:	sit 🔲 Paper File/Mail Retu	ırn
Account Type :	□ Savings	☐ Checking	Acct #
Bank Name:			Routing #
complete. I have ma	intained the underlying re Services Inc. to prepare n	ecords required by law to support t	the best of my knowledge it is correct and this information. I authorize Maier & Ased on this information and to retain copies
Signature:			Date:
		_	
		Comments or Questions	