

Tax Payer Application

	name, & Suffix				
2. Social Security number/Tax ID Number		3. Date of birth (mm/dd/yyyy)		4. Sex Male Female	
5. Home address				6. Apartment or suite number	
7.City		8. State	9. ZIP code	10.County	
11Phone number		12.Cell Phone Carrier	13.Email Address	13.Email Address	
14.Filing Status			_		
Single Married filing Join	tl Head of ho	usehold Widow(er)	Married filing Sepa	ratel	
5Drivers License # 16Issue Date		17State 18Expiration Date			
STEP 2 Dependent Info	rmation	2. Relationship	2 505	4.550	
Li dii ndine		Z. Neladolistiip	3. DOB	4. 5SN	
1.Full Name		2. Relationship	3. DOB	4. SSN	
1.Full Name		2. Relationship	3. DOB	4. SSN	
1.Full Name		2. Relationship	3. DOB	4. SSN	
1.Full Name		2. Relationship	3. DOB	4. SSN	
1.Full Name		2. Relationship	3. DOB	4. SSN	
STEP 3 Refund Disbur	sement Options				
Check Debit Card Direct Deposit		Routing #: Acco		unt #:	
The Tax Company (nor servic incomplete information suppl depositing funds to my accou	ied by me or by I	ware provider) is not remy financial institution	sponsible for any dela or due to an error on t	y or loss of funds due to inc the part of my financial insti	
I hereby authorize the Tay Com	nany to prepare a	nd file my federal and/or	stato incomo tavos. Lun	dorstand that by cigning and	
hereby authorize the Tax Comp submitting the application, I am to deduct preparation fees and	submitting to the all other associate	process of tax preparation d fees from my tax refun	on by the Tax Company. d as payment for service	I also authorize the Tax Comp	
application I acknowledge that t documentation.					