



FREEDOM TAX PROFESSIONALS

DROP OFF SERVICE - PLEASE COMPLETE ALL APPLICABLE SECTIONS

First & Last Name		Social Security #	Date of Birth
Home Phone	Cell Phone	Occupation	
Spouse Name		Social Security #	Date of Birth
Lived together all year?	Cell Phone	Occupation	
Dependent 1		Social Security #	Date of Birth
Dependent 2		Social Security #	Date of Birth
Dependent 3		Social Security #	Date of Birth
Dependent 4		Social Security #	Date of Birth
Please list additional dependents at bottom of page			

Did you live in CA all year? Yes No If no, what other states? _____

Type of Income: Cash W2 1099 Interest/ 1099-R Stocks SSA Real
(circle all that apply) MISC Dividends Estate

Did you make any Tax Deductible Charitable Donations? Yes No

Do you own a home? Yes No If yes, did you receive a 1098? Yes No

Did you register a motor vehicle in CA? Yes No

Any other information that you feel may apply to your tax situation?
