



[TODAY'S DATE]

**Taxpayer**

First Name & Mid Init \_\_\_\_\_

Last Name \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Federal Elections Campaign Fund?  Yes  No

Dependent of Another Person?  Yes  No

Blind or disabled?  Yes  No

Yes  No

Yes  No

Yes  No

Marital Status:  Single  Married  Separated  Divorced

In Care of: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Live in City Limits?  Yes  No County \_\_\_\_\_ School District \_\_\_\_\_

Moved this year or in the current tax year? From (City/State) \_\_\_\_\_

Yes Date Moved \_\_\_\_\_

To (City/State) \_\_\_\_\_

**Taxpayer**

**Spouse**, if different

Mobile Phone \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_

Driver's License or  
State Photo ID \_\_\_\_\_

Please provide a current copy  N/A

Please provide a current copy  N/A

**Dependent 1**

**Dependent 2**

**Dependent 3**

**Dependent 4**

First Name and Initial \_\_\_\_\_

\_\_\_\_\_

Last Name \_\_\_\_\_

\_\_\_\_\_

SSN \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_

Blind or Disabled - Y/N \_\_\_\_\_

\_\_\_\_\_

**How did you hear about my tax services? Please tell me the name of person who referred you so I can thank them.**

**Special issues you would like to discuss or other comments:**