

SAMUEL TAX & SERVICES

TAX PAYER'S INFORMATION SHEET

FIRST NAME _____/M.I. _____/LAST NAME _____

SOCIAL SECURITY NUMBER _____/_____/_____ DATE OF BIRTH _____/_____/_____

OCCUPATION _____

FILING STATUS:

- ☐ SINGLE
- ☐ HEAD OF HOUSEHOLD
- ☐ QUALIFYING WIDOW(ER)
- ☐ MARRIED FILLING JOINTLY
- ☐ MARRIED FILLING SEPARATELY



TAXPAYER'S RESIDENT ADDRESS

HOUSE NUMBER/STREET _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (1) _____ PHONE (2) _____

EMAIL ADDRESS _____

SPOUSE'S INFORMATION

FIRST NAME _____/M.I. _____/LAST NAME _____

SOCIAL SECURITY NUMBER _____/_____/_____ DATE OF BIRTH _____/_____/_____

OCCUPATION _____

DEPENDENTS

	FIRST NAME	M.I.	LAST NAME	SSN	DOB	RELATIONSHIP
1)	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
2)	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
3)	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____

REQUIRES DOCUMENTS:

☐ SS CARD ☐ State ID ☐ BIRTH CERTIFICATES ☐ HEALTH INSURANCE CARD ☐ COPY OF LEASE

DATE _____/_____/_____. TIME _____ .SIGNATURE _____

