



PERMANENT FILE

TAXPAYER

Name: _____
Social Security No. _____
Cell No.: _____ Text: Y / N
Occupation: _____

Driver's License No.: _____
Date of Birth _____
 Blind Disabled US Citizen

Spouse: _____
Social Security No. _____
Cell No.: _____ Text: Y / N
Occupation: _____

Driver's License No.: _____
Date of Birth _____
 Blind Disabled US Citizen

Address: _____

(School District) _____

Alternate Phone: _____
Fax: _____
Email: _____ Email/ Newsletter? Y / N

Banking Information for E-file: Account Type: Checking / Savings (attach VOIDED check)

Bank Name: _____ Routing No. _____ Acct. No. _____

CHILDREN AND OTHER DEPENDENTS

Name: _____
Date of Birth: _____
 Dependent Lives with You
 Education Credit Multiple Support

Social Security No. _____
Relationship: _____
 Child of Divorce Full Time Student
 Files Own Return Disabled

Name: _____
Date of Birth: _____
 Dependent Lives with You
 Education Credit Multiple Support

Social Security No. _____
Relationship: _____
 Child of Divorce Full Time Student
 Files Own Return Disabled

Name: _____
Date of Birth: _____
 Dependent Lives with You
 Education Credit Multiple Support

Social Security No. _____
Relationship: _____
 Child of Divorce Full Time Student
 Files Own Return Disabled

Name: _____
Date of Birth: _____
 Dependent Lives with You
 Education Credit Multiple Support

Social Security No. _____
Relationship: _____
 Child of Divorce Full Time Student
 Files Own Return Disabled

Information Verified

_____ 2015 _____ 2016 _____ 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021