

Taylor L.E.T.S. LTD

"A Firm of Licensed Preparers"

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CLIENT INFORMATION

Complete the following information: YOUR NAME SHOULD BE THE SAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD. Enter your address as you wish it to appear on your tax return.

Today's Date: _____

Referred By: _____

(Taxpayer) First Name

M.I.

Last Name

Social Security Number

Date of Birth

Occupation

Addr: _____ City: _____ St: _____ Zip: _____

Wk: _____ Home or Cell: _____

(Spouse) First Name,

M.I.

Last Name (If Different-Give Maiden Name or Previous)

Social Security Number

Date of Birth

Occupation

Wk: _____ Home or Cell: _____

E-mail: _____ E-mail: _____

Please note any information that we may need to know, that will affect this year or next year's TAX RETURN. (i.e., marriage, divorce, moving, purchase or sale of home, mailing addresses change, e-mail change, etc.)

ADD OR REMOVE DEPENDENT FOR CURRECT TAX YEAR
Dependents: Name, Social Security Number, and Date of Birth

