

9100 Alondra Blvd. Bellflower, CA 90706

Primary Name: _____	Social Security Number: _____ - _____ - _____
Address: _____	City: _____ Zip: _____
Phone Number: (____) _____ - _____	Email: _____
Birthdate: ____/____/____	Medical Insurance: Medi-Cal ACA (Marketplace) Work None

Spouse Name: _____	Social Security Number: _____ - _____ - _____
Address: _____	City: _____ Zip: _____
Phone Number: (____) _____ - _____	Email: _____
Birthdate: ____/____/____	Medical Insurance: Medi-Cal ACA (Marketplace) Work None

Dependent Name	Birthdate	Social Security #	Relation	Med. Ins?

How are you filing? ☐ Single ☐ Married Filing Joint ☐ Head of Household ☐ Married Filing Separate ☐ Widower

Do you own your own business? ☐ Yes ☐ No Do you own rental property? ☐ Yes ☐ No

Direct Deposit Information

Bank Name: _____ Routing # _____ Account # _____

How did you hear about us? • Internet • Walk-In • Employee • Referral Name: _____

I certify the above information is true and correct. I further certify that all necessary forms are given and that I want Cygnus Tax Group LLP to prepare my tax return according to the information provided on this form.

Primary Signature: _____ Date: _____

Spouse Signature: _____ Date: _____