

2100 Southbridge Parkway, Suite 650  
 Birmingham, AL 35209  
 Office: (205) 789-8725  
 Email: [jayotaxfinancialservices@gmail.com](mailto:jayotaxfinancialservices@gmail.com)  
 Website: [jayotaxservices.com](http://jayotaxservices.com)



TODAY'S DATE \_\_\_\_\_

**APPLICANT INFORMATION DATA FORM**

**TAXPAYER'S NAME AS APPEARS ON SOCIAL SECURITY CARD**

**TAXPAYER'S SOCIAL SECURITY #**

<b>TAXPAYER'S DATE OF BIRTH</b>	<b>OCCUPATION</b>
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<b>CELL NUMBER</b>	<b>ALTERNATIVE NUMBER REQUIRED</b>
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**EMAIL**

<b>ADDRESS</b>	<b>CITY/STATE</b>	<b>ZIP CODE</b>
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<b>CAN YOU BE CLAIMED AS A DEPENDENT ON SOMEONE ELSE TAXES?</b>	<b>DID SOMEONE CLAIM YOU THIS YEAR?</b>
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**SPOUSE INFORMATION (If Married filing Separately or Jointly)**

**FULL NAME AS IT APPEARS ON SOCIAL SECURITY CARD**

**SOCIAL SECURITY NUMBER**

<b>DATE OF BIRTH</b>	<b>OCCUPATION</b>
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<b>CELL NUMBER</b>	<b>ALTERNATIVE NUMBER</b>
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**DEPENDENT'S INFORMATION**

FULL NAME	DATE OF BIRTH	RELATIONSHIP	DISABLED	STUDENT

**DID YOU HAVE HEALTH INSURANCE LAST YEAR? YES NO DEPENDENTS? YES NO SPOUSE? YES NO**

**DO YOU HAVE LIFE INSURANCE? YES NO | WOULD YOU LIKE TO BE CONTACTED BY AN AGENT? YES NO**

**HAVE YOU BEEN DISALLOWED EITC PREVIOUSLY? YES NO IF YES, LIST THE REASON:**

**DID YOU RECEIVE AN IDENTITY THEFT PIN FROM THE IRS? YES NO LIST IT HERE:**

**DID YOU RECEIVE UNEMPLOYMENT LAST YEAR? YES NO**

**DO YOU OWE BACK TAXES, STUDENT LOANS, CHILD SUPPORT, OR ANY OTHER GOVERNMENT AGENCY? YES NO**

**DAYCARE INFORMATION**

I DO HERE BY ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

*Taxpayer's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Spouse's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_