

Brandon Fleming

Certified Public Accountant, LLC

Taxpayer	Spouse	
Name	Name	
SS#	SS#	
DOB	DOB	
Phone	Phone	
Email	Email	
Address		
City	State	Zip

Dependent(s)			
Name			
D.O.B.			
SS#			

Other:
 Business or LLC Name: _____ EIN: _____

Entity Type: Single Member LLC 1120-S Partnership

Notes; _____

