

Total \_\_\_\_\_  
 Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_ Bank \_\_\_\_\_  
 Prepared By \_\_\_\_\_ Checked By \_\_\_\_\_

**Americas Tax Service LLC**  
**725 Alhambra Ave**  
**Martinez, CA 94553**

E-Filed \_\_\_\_\_  
 State \_\_\_\_\_ Federal \_\_\_\_\_

# 2020 PERSONAL AND DEPENDENT INFORMATION

**Filing Status:**

Single   
  Head of Household   
  Married   
  Married Filing Separate   
  Widow(er)

### Taxpayer

Name		SS#	Date of Birth
Occupation	Phone	Email	
Driver's License No.	State	Issue Date	Exp. Date

### Spouse

Name		SS#	Date of Birth
Occupation	Phone	Email	
Driver's License No.	State	Issue Date	Exp. Date

### Address

Street Address	City	State	Zip Code
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### Dependent Information

First and Last Name	SSN	Relationship	Date of Birth	Months in home

The above is true and correct to the best of my (our) knowledge

Taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Date: \_\_\_\_\_