



Name of Taxpayer:

Occupation: _____

SSN: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Primary Phone: _____

Email: _____

Spouse / Marriage Partner:

Occupation: _____

SSN: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Primary Phone: _____

Email: _____

If you moved last year, previous address: _____

Move Date: _____

Dependents

Name	SS#	Date of Birth	Months in home	Relationship	Income over \$1050?	Disabled?	College Student?

Additional Information

Driver's License / ID Number: _____ **Issuing State:** _____

Issue date: _____ **Expiration date:** _____ **Document #** _____

(for NYS only - 8 or 10 digit number from lower right corner or back of ID)

Provided ID number is for **Taxpayer** or **Spouse** I do not currently possess a D/L or state-issued ID:

Did you file an extension for this tax year? **Yes** **No**

Did you pay any tax with this extension? If so, provide amounts: **Federal:** \$ _____ **State** \$ _____

Do you **Own** **Rent your home?** (Total annual rent paid: \$ _____) Are utilities included in rent? **Yes** **No**

Direct Deposit (For refunds) Checking Savings Joint Account • **For accuracy, please submit a voided check •**

Bank Name: _____

Routing #: _____

Account #: _____

**➔ New Clients: Please provide latest completed tax returns
If you received a notice from any tax agency in the past year, please provide.**