



2018

GENERAL INFORMATION

2018

New Client(s)

General Information

Returning Client(s)

Taxpayer

Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company/Base \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 e-mail \_\_\_\_\_

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company/Base \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 e-mail \_\_\_\_\_

**\* None of your personal information is sold or shared.**

Filing Address

(For IRS residency purposes) Several factors must be considered in determining your state of residency, however, no single item (drivers' license, voter registration, mailing address for bank accounts, etc.) will make you a resident.

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing address** if different from filing address (to send a copy of your tax return and receipt)  
 \_\_\_\_\_

Dependents:

Full Name	SSN	DOB	Relationship	Full Time Student	Disabled
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Filing Status

Single     Married Filing Jointly     Married Filing Separately     Head of Household

**Direct Deposit/Payment Information:** Free! You can choose Direct Deposit even if not filing electronically.

Name of Bank \_\_\_\_\_  Checking     Savings

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

