



2019

GENERAL INFORMATION

2019

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 _____



If you file electronically we will complete IRS Form 8879 Electronic Filing Authorization.

Tax preparation fees are due at time of filing. Payment methods are cash, check, credit cards, or ACH.

