

## Taxpayer Information Sheet

**Name:**

**Street:**

**City, State, Zip:**

**Land line** (only if we may contact you here):

**Taxpayer** (first name listed above)

**Date of birth:**

**Cell phone** (only if we may contact you here):

**Email** (only if we may contact you here):

**Work phone** (only if we may contact you here):

**Occupation:**

**Spouse** (second name listed above)

**Date of birth:**

**Cell phone** (only if we may contact you here):

**Email** (only if we may contact you here):

**Work phone** (only if we may contact you here):

**Occupation:**

Is there another person we should contact instead of those listed above?    Yes    No

If yes: Other Name:

Relationship:

Other Phone or Email Address:

Dates you will not be available to answer questions or pick up your return: \_\_\_\_\_

Additional Information (alternate address with dates to use, information waiting for, etc.):

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Please initial one of the choices below:

\_\_\_\_\_ Information on the previous sheet is correct

\_\_\_\_\_ Change information as indicated

How would you like to receive your return? **(Circle one)**

Paper          Online Portal          Both (\$20 extra charge)

NOTE: If you select Online Portal or Both, you must provide an email address. Regardless of the method chosen, your return will be electronically filed with the IRS and state taxing authorities.

Did you include and sign your Bank Information Form?

\_\_\_\_\_ Yes

### Dependent Information

Do you have any changes with your dependents? If so, indicate below.

If you have a new dependent(s), please list and include birthdate(s) and social security number(s).

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_