

**PERSONAL INFORMATION**

**Taxpayer**

Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Spouse**

Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**DEPENDENT INFORMATION**

Full Name	SSN	Date of Birth	Relationship	Time (months) lived with you

---

***For Office Use Only***

Client Code			
____ Username:		____ Username:	
____ Password:		____ Password:	
Other Information:			