



Taxpayer

Name: _____ D.O.B _____ SSN# _____

Phone# _____ Email address _____

Spouse

Name: _____ D.O.B _____ SSN# _____

Phone# _____ Email address _____

Address: _____ City: _____ Zip: _____

Did you live in the same state the entire year: Y N

Martial Status: Did you get Married or Divorced in 2023? Y N

List any dependents being claim on returns.... UNLESS you have filed with us using these dependents before.

1. Dependent Name: _____ D.O.B. _____ SSN# _____
Dependents relationship to taxpayer: _____

2. Dependent Name: _____ D.O.B. _____ SSN# _____
Dependents relationship to taxpayer: _____

Did they live with you for more than 6 months in 2023? Y N. If not, do you have form 8332? Y N
Please list any additional dependents on the back.

****** WE NEED A COPY OF EACH PERSONS DRIVERS LICENSE AND SOCIAL SECURITY CARD******

I have answered the above questions to the best of my knowledge. I am responsible for any false information given regarding my tax information.

Taxpayer Signature

Date

Spouse Signature

Date