

Name: _____ DOB: _____ SS#: _____

Sp Name: _____ DOB: _____ SS#: _____

Occupation: _____ SP Occupation: _____

Dependent's Info:

1. Name: _____

DOB: _____ SS#: _____

2. Name: _____

DOB: _____ SS#: _____

Current Address: _____

City: _____ Zip Code _____

Daytime Tel #: _____

Home Tel #: _____

Email Address: _____

Direct Deposit Information:

Routing number: _____ Account number: _____

Type: Checking Savings

Drivers license #: _____ Date issued: _____ Expiration Date: _____

Place of Issuance: _____ Type: _____

Tax Payer Acknowledgement

I, _____ hereby acknowledged that my/our income tax return for the year 2019 was prepared by a representative of this office based on the information supplied by me/us. I/we will be responsible for any misrepresentation.

TP Sign: _____ Date: _____

Spouse Sign: _____ Date: _____