

# TAX INFORMATION CHECK LIST

Your First Name:

Middle Initial:

Last Name:

Social Security Number:

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Gender:

Birthday:

Occupation:

M  F

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Marital Status as of last year (circle one)

Single

Married

Single with a child or children

Current Street Address:

City:

State:

Zip Code:

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Working Phone Number:

E-Mail Address

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Spouse's First Name:

Middle Initial:

Last Name:

Social Security Number:

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Gender:

Birthday:

Spouse's Occupation:

M  F

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Children:

Relationship:

Social Security Number:

Birthday:


Other Dependants:

Relationship:

Social Security Number:

Birthday:


Please include the following:

- W2's
- Photo ID:
- Banking Info: Copy of a voided check (not a deposit slip) with Bank name / routing # / account #
- Last year's tax return if available