

**Personal Information**

Name	<input type="text"/>	Spouse	<input type="text"/>
SS#	<input type="text"/>	SS#	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Home Phone	<input type="text"/>		

**Please provide a copy of your driver's license or picture identification.**

**Dependents**

<u>Name</u>	<u>SS#</u>	<u>DOB</u>	<u>Relationship</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Were all members of your household covered by health insurance for the full year last year? Yes      No

Did you have a bank account outside of the United States last year? Yes      No  
 Greater than \$10,000? Yes      No

How would you like to receive any refunds? Direct      Check  
 (Please provide a void check for direct deposit) Deposit

How would you like to pay any tax balances owed? Debit      Check

Do you want a paper copy of your return or a pdf copy sent through a secure link? Paper      PDF

May we contact you by email? Yes      No

Would you like to subscribe to our monthly e-mail newsletter? Yes      No

How did you hear about us?

Google

Facebook

Yellow Pages

Referred by \_\_\_\_\_

Other \_\_\_\_\_