



TAXPAYER

Social Security #: ____/____/____

First Name: _____

Last Name: _____

SPOUSE

Social Security #: ____/____/____

First Name: _____

Last Name: _____

TAX YEAR _____

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS
INCOME TAX RETURN WAS OBTAINED FROM ME
AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGES

Name(s) of individual(s) who provided tax return information or TAXPAYER

CLIENTS SIGNATURE _____

DATE _____

PREPARER'S SIGNATURE _____

DATE _____

**THIS ATTESTATION MUST REMAIN
ATTACHED TO THIS RETURN WHEN FILED**



DEMOGRAPHICS

(PLEASE PRINT)

TAXPAYER

SOCIAL SECURITY #: ____/____/____

NAME: _____
FIRST LAST

DATE OF BIRTH: ____/____/____

OCCUPATION: _____

WORK PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

ADDRESS: _____

CITY: _____ STREET

SPOUSE

SOCIAL SECURITY #: ____/____/____

NAME: _____
FIRST LAST

DATE OF BIRTH: ____/____/____

OCCUPATION: _____

WORK PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

STATE: _____ APT ZIP CODE: _____

FILING STATUS:

- SINGLE HEAD OF HOUSEHOLD QUALIFYING WIDOW(ER)
 MARRIED FILING JOINT RETURN MARRIED FILING SEPARATE RETURN

PLEASE CHECK ALL THAT APPLY:

- TENANT HOMEOWNER SINGLE MULTI-FAMILY MONTHLY PAYMENT: \$ _____

- BUSINESS OWNER SELF-EMPLOYED TYPE OF BUSINESS: _____

DEPENDENT INFORMATION

NAME	SOCIAL SECURITY #	RELATIONSHIP	MONTHS IN HOME	DATE OF BIRTH

CHILD CARE PROVIDER

DAYCARE/ PROVIDER'S NAME: _____

TAX ID #/SOCIAL SECURITY #: _____

ADDRESS: _____

AMOUNT PAID: \$ _____ WEEKLY MONTHLY YEARLY

HOW DID YOU HEAR ABOUT US?

- FRIEND RADIO STATION TV OMNI EMPLOYEE WALK-IN
 TAX NEWS INTERNET PRIOR CLIENT YELLOW PAGES

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PRINTED NAME

SIGNATURE

DATE