

**Personal Information** (please only note changes from prior year)

**Taxpayer Information**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Legally blind:  Permanently disabled:

E-mail address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax number \_\_\_\_\_  
Home Phone \_\_\_\_\_

**Annual Identity Verification:** (Send photocopy or fill in)

Driver's License/ID issuing State: \_\_\_\_\_  
License/ID number: \_\_\_\_\_  
License/ID Issue Date: \_\_\_\_\_  
License/ID Expiration Date: \_\_\_\_\_

**Please provide Identity Theft Protection PIN for all family members if your case was resolved.**

\_\_\_\_\_

**Spouse Information**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle initial/Suffix \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Legally blind:  Permanently disabled:

E-mail address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Fax number \_\_\_\_\_

**Annual Identity Verification:**(Send photocopy or fill in)

Driver's License/ID issuing State: \_\_\_\_\_  
License/ID number: \_\_\_\_\_  
License/ID Issue Date: \_\_\_\_\_  
License/ID Expiration Date: \_\_\_\_\_

**Address:**

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Marital Status Changes:**

**Did you experience a marriage, death, separation, or divorce during the year?**

No  Yes If yes, please explain and include name(s) and date(s):

\_\_\_\_\_

**Were you or your spouse outside of the United States at any time during the year?**  No  Yes  
If, YES, please provide travel dates and any income earned overseas.

**Did you and your spouse live together for at least the last six months of the year?**  No  Yes

**Are you expecting a child or a marriage in the next year?** If YES, Congratulations! We look forward to hearing more!

**♥ Personal Information (cont.)** (please only note changes from prior year)

Resident taxing city: \_\_\_\_\_

Resident school district: \_\_\_\_\_

Resident county: \_\_\_\_\_

Work city: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Work county: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Refunds are generally direct deposited to your bank account on file. Please note any changes. Taxes owed can also be deducted on request. Some estimated tax payments can be paid by auto-pay or online. Direct Deposit is safer and faster.**

Type of Account: Checking  Savings

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Name of Bank \_\_\_\_\_

**Have you recently been involved in foreclosure or debt forgiveness or expect to be in the future?**

No  Yes Include the Form 1099-A or 1099-C.