

TAXPAYER INFORMATION					SPOUSE INFORMATION (IF APPLICABLE)				
Social Security Number	First Name	MI	Last Name		Social Security Number	First Name	MI	Last Name	
DOB	Occupation		Telephone		DOB	Occupation		Telephone	
Email Address		Alt Telephone		Best Time to Call	Email Address		Alt Telephone		Best Time to Call

ADDRESS									
Mailing Address		Apt #	City	State		Street Address		Apt #	City

DEPENDENT INFORMATION									
First Name	MI	Last Name	Suffix	Relationship		First Name	MI	Last Name	Suffix
Months in Home		Date of Birth		Childcare Expenses Paid		Months in Home		Date of Birth	Childcare Expenses Paid
First Name	MI	Last Name	Suffix	Relationship		First Name	MI	Last Name	Suffix
Months in Home		Date of Birth		Childcare Expenses Paid		Months in Home		Date of Birth	Childcare Expenses Paid

QUESTIONS RELATING TO YOUR PERSONAL TAX RETURN									
How did you hear about our office?						Have you been issued an identity pin?			
Is anyone being claimed on another return?						Did you make estimated payments?			
Is anyone on the return permanently and totally disabled?						If due a refund, do you want direct D?			

Is anyone on the return blind?						Do you need to file injured spouse?			
Do you or your spouse have debt that may warrant the IRS or other agent to take all or part of your tax refund?						Please provide any info that may be helpful in the preparing your tax return.			
TAXPAYER SIGNATURE					DATE	SPOUSE SIGNATURE			

By signing above, I certify the information listed above was provided accurately and honestly. I understand that I do not hold American Tax Company, LLC, American Tax Company II, LLC, any subsidiaries, owners, agents, employees, or representatives responsible for errors that results from dishonest or missing information.

DATE
American Tax nation.