

INFORMATION SHEET

Name : _____ Last Name: _____

Birthdate: ___/___/___ Social Security # _____ - _____ - _____ last year AGI: _____

Mailing Address : _____ City _____ State _____

Zip Code: _____ Phone: _____

SPOUSE

Name : _____ Last Name: _____

Birthdate: ___/___/___ Social Security # _____ - _____ - _____ last year AGI: _____

DEPENDENTS (PLEASE PRINT CLEARLY)

NAME	DOB	SSN	Relationship to you

Office Use Only

Username	
Password	

SQ Questions 1.	
SQ Questions 2.	
SQ Questions 3.	

Tax year					
Preparer Name					
Number of w'2s					
Mailed or E-filed					
Cust. Initials					
1098t Added Y/N					
Accepted Manager Initials					

Important Information :
