

**EDWARDS ADMINISTRATIVE AND BOOKKEEPING SERVICES, LLC**  
**P.O. BOX 1863**  
**VILLA RICA, GEORGIA 30180**  
**PHONE: 404-661-8738**  
**FAX: 404-829-2303**  
**EMAIL: edwardsadmins@comcast.net**

Tax Year \_\_\_\_\_ PERSONAL INCOME TAX WORKSHEET

Taxpayer's First and Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Taxpayer's date of birth: \_\_\_\_\_

Taxpayer's Occupation: \_\_\_\_\_ Did Taxpayer Receive Social Security Benefits? \_\_\_\_\_

Marital Status of Taxpayer?

Single \_\_\_\_\_ Married filing jointly \_\_\_\_\_ Married filing separately \_\_\_\_\_ Head of House hold \_\_\_\_\_  
Qualifying Widow(er) with Dependent Child \_\_\_\_\_

Spouse's First and Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DEPENDENT CHILDREN (who live with you)

Name: \_\_\_\_\_ If over 16yrs of age is dependent a student? \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

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OTHER DEPENDENTS

Name: \_\_\_\_\_ If over 16yrs of age is dependent a student? \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ If over 16yrs of age is dependent a student? \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Should there be a refund available, would you like to have the funds direct deposited,*

Yes \_\_\_\_\_ No \_\_\_\_\_

*Name of financial institution*

\_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank routing number \_\_\_\_\_ Account number \_\_\_\_\_

Would you like to have your refund on a Prepaid Visa Card? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you do not want direct deposit or The Prepaid Visa Card you can have your check mailed to you or you can pick your check up from our office. Check mailed \_\_\_\_\_ Check pick up from office \_\_\_\_\_*

*Please check the two forms of identification you will be providing today:*

\_\_\_\_\_ *Driver License*

\_\_\_\_\_ *DMV/BMV State ID*

\_\_\_\_\_ *Military ID*

\_\_\_\_\_ *U.S. Passport*

\_\_\_\_\_ *Resident Alien ID*

\_\_\_\_\_ *Social Security Card*

Taxpayer's ID#: \_\_\_\_\_ Taxpayer's ID location of issuance: \_\_\_\_\_

Taxpayer's ID Issue date: \_\_\_\_\_ Taxpayer's ID expiration date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*