

Díaz Koontz Business Services, Inc.

INCOME TAX SERVICES • ACCOUNTING SERVICES

75 New Warrington Rd., Pensacola, FL 32507
(850) 458-9210 • FAX (850) 458-0997

Did we prepare your tax return last year? Yes No

| TAXPAYER INFORMATION | SPOUSE INFORMATION |
|--|--|
| SOCIAL SECURITY NUMBER _____ | _____ |
| FIRST NAME _____ | _____ |
| LAST NAME _____ | _____ |
| OCCUPATION _____ | _____ |
| PRESIDENTIAL CAMPAIGN <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| BLIND <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DEPENDENT OF SOMEONE ELSE <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE OF BIRTH _____ | _____ |
| DATE OF DEATH _____ | _____ |
| DAYTIME PHONE / EXT. NO. _____ | _____ |

| RESIDENCE INFORMATION | FILING STATUS |
|--|---|
| ADDRESS _____ | <input type="checkbox"/> SINGLE |
| APT # / SUITE _____ | <input type="checkbox"/> MARRIED FILING JOINTLY |
| CITY / STATE _____ | <input type="checkbox"/> MARRIED FILING SEPARATELY |
| ZIP CODE _____ | <input type="checkbox"/> LIVE APART ENTIRE YEAR |
| HOME PHONE (EVENING) _____ | <input type="checkbox"/> CLAIMING SPOUSE |
| E-MAIL _____ | <input type="checkbox"/> CLAIMED SPOUSE IS NON-RES ALIEN |
| FOREIGN PROVINCE _____ | <input type="checkbox"/> HEAD OF HOUSEHOLD |
| FOREIGN COUNTRY _____ | <input type="checkbox"/> QUALIFYING WIDOW |
| FOREIGN POSTCODE (Elect Filing Only) _____ | |

DEPENDENT (S)

| NAME (FIRST, M.I., LAST) | DATE OF BIRTH | SSN | MONTHS IN HOME | RELATIONSHIP | * A | ** B | *** C |
|--------------------------|---------------|-------|----------------|--------------|--------|---------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Dependent Code (For each dependent, indicate Y or N in the corresponding column to the question below.)

*A. Was dependent child:

1. Full-time student (19-23)
2. Permanently and totally disabled
3. Both a full-time student AND disabled

**B. Is exemption allowed due to Multiple Support Agreement, Consent Election, or Divorce Decree? (Yes or No)

***C. Is dependent receiving Social Security benefits? (Yes or No)