

Tax Year: _____

TAXPAYER BASIC INFORMATION SHEET

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer							
Spouse							
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)			Home Phone		Mobile Phone		

2. FILING STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of tax year.
<input type="checkbox"/> Head of Household (HOH)	<i>*You can file as HOH if you & your spouse have lived separately for at least 6 mos. + 1 day for the tax year & maintain separate households. You can't be living together and file as HOH. You must at least have 1 dependent.</i>
<input type="checkbox"/> Qualifying Widow/er (QW)	<i>**You can only file QW two years after the year of your spouse's death. You must at least have 1 dependent child.</i>

-Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived w/ You During the Year	Disabled	Full-Time Student	Gross Income	Child Care Paid? (For 12 y/o & under or disabled only)
					<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>

4. IDENTIFICATION INFORMATION

TAXPAYER	SPOUSE
Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID <input type="checkbox"/> Do Not Want to Provide*	Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID <input type="checkbox"/> Do Not Want to Provide*
ID number _____	ID number _____
State of issuance _____	State of issuance _____
Issue date _____	Issue date _____
Expiration date _____	Expiration date _____
* OH, AL, IL & NY states require ID to e-file tax returns	

5. REFUND INFORMATION

Would you like to have any refunds directly deposited into your bank account? Yes No

Account Ownership Taxpayer Spouse Joint

Type of Account Checking Savings

Bank name _____

Routing number _____

Account number _____

Account outside the jurisdiction of the United States? Yes

6. DISCLOSURE OF INFORMATION

Prior to rendering any tax preparation services, the law requires that a tax preparer provide the following information to customers:

Preparer's Name: Evangeline Giron, MSFS, EA
Address: 2700 Colorado Blvd. Ste. 150, Los Angeles, CA 90041
Phone: 956-7079; (323) 356-3803
Bond Information: Bonded by American Contractors Indemnity Co., Policy No. 100056132
visit www.ctec.org, for more information

Taxpayer's Signature _____

Spouse's Signature _____

Date _____

By signing, I/we acknowledge that I/we have received the above disclosure of information. Furthermore, I/we declare that the information provided herein is true and correct to the best of my/our knowledge and belief.