



RIGHT TOUCH TAXES

righttouchtaxes@gmail.com

Client Profile

DATE: _____

Office 713.939.1900
Fax 713.939.1902

GENERAL INFORMATION	Taxpayer Name	Last	First	Middle
	Birth Date	Month	Day	Year
	Email Address			
	Spouse Name	Last	First	Middle
	Birth Date	Month	Day	Year
	Email Address			
	Current Address			
	City, State			Zip
TAX INFORMATION	Home Phone			Other Phone
	Are the Tax Payer and Spouse legally married ?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Filing Status <input type="checkbox"/> (Choose only ONE status)	Single <input type="checkbox"/>	Married Filing Separate <input type="checkbox"/>	Head of Household <input type="checkbox"/>
		Widowed <input type="checkbox"/>	Married Filing Joint <input type="checkbox"/>	
	Dependents			
	Name	Date of Birth	SSN	Relationship

Right Touch Taxes will prepare your **2017** individual tax return from the information you have provided. We will not audit or verify the information you furnished to us. You, the taxpayer, are ultimately responsible for the preparation and filing of your tax return.

I, the taxpayer named above, have provided to **Right Touch Taxes** the attached tax information and to the best of my knowledge this information is true, correct and complete.

Tax Payer Signature

Spouse Signature

Thank You For Your Patronage