

XPERT TAX SERVICES

TAX PREPARATION MAIN INFORMATION SHEET

TAXPAYER INFORMATION (PLEASE PRINT):

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FIRST NAME: _____ MI: _____ LAST: _____

EMAIL: _____

SPOUSE INFORMATION (PLEASE PRINT):

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FIRST NAME: _____ MI: _____ LAST: _____

EMAIL: _____

CURRENT ADDRESS (PLEASE PRINT):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOBILE PHONE: _____ MOBILE PROVIDER: _____

HOME PHONE NUMBER: _____

Dependent Information – Do not include yourself or your spouse

Please list everyone who lived in your home and anyone living outside your home that you support

NAME: (First, Middle, Last) Print Exactly As Social Security Card Reads	Social Security No.	Date of Birth MM-DD-YY	Relationship	Full Time Student	Totally Disabled

1. Would you like for your refund to be direct deposited in your bank account? YES OR NO
(If yes, you will need a voided check or a bank statement with your routing and account number)

2. How did you hear about Xpert Tax Service? _____

If someone referred you to Xpert Tax Service, please list their name below: (New Client Only)

Referred By: _____

Please indicate that the information above is correct best to your knowledge:

Your Signature: _____ **Spouse Signature:** _____

Date: _____

