

Taxpayer General and Personal Information

Personal Information:

	Taxpayer	Spouse
First Name	_____	_____
Middle Initial	_____	_____
Last Name	_____	_____
Social Security Number	_____	_____
Occupation	_____	_____
Date of Birth (MM/DD/YYYY)	_____	_____
Date of Death (MM/DD/YYYY)	_____	_____
Indicate X if blind	_____	_____

Driver's License Information:

	Taxpayer	Spouse
Driver's license or state issued ID number	_____	_____
Indicate X if State Issued ID - not Driver's license	_____	_____
State of Issuance	_____	_____
Issuance date (MM/DD/YYYY)	_____	_____
Expiration date (MM/DD/YYYY)	_____	_____
Indicate X if does not expire	_____	_____

Contact Information:

Street Address	_____	
Apartment Number	_____	
City	_____	
State	_____	
ZIP Code	_____	
Foreign County or Province	_____	
Foreign Country	_____	
E-mail address	_____	
	Taxpayer	Spouse
Home Phone number	_____	_____
Work / Cell Phone number	_____	_____
Fax number	_____	_____

Additional Information:

	Taxpayer	Spouse
Indicate X if contributed to the Presidential Election Campaign Fund	_____	_____
Indicate X if IRS or other taxing authority can discuss the return with the preparer	_____	_____

