

Name, Address and General Information:

Taxpayer Name: _____ SSN: _____
Street Address: _____ DOB: _____
City, State, Zip: _____
Telephone: _____
Email: _____

Marital Status: _____

Spouse Name: _____ SSN: _____
DOB: _____
Telephone: _____
Email: _____

Dependents: List the names of everyone who lived with you last year (other than your spouse) and anyone you supported who did not live with you.

Name: _____ SSN: _____
Relationship: _____ DOB: _____

Name: _____ SSN: _____
Relationship: _____ DOB: _____

Name: _____ SSN: _____
Relationship: _____ DOB: _____

Name: _____ SSN: _____
Relationship: _____ DOB: _____

If there are additional dependents, please list them on a separate sheet.

What Forms do you usually file? _____
(Example: Form 1040, Schedule C, Schedule E, Schedule B, Schedule F, etc.)

Thank you for taking the time to provide this information. We will utilize this information to provide you with an applicable tax organizer, so you are prepared to proceed with your return, as soon as you have received your tax documents.

Please upload the completed form to my secure file portal (guest exchange):
<https://msnaps.securefilepro.com>