

PERSONAL INFORMATION

If married filing separate fill out spouse's information.

TAXPAYER:	SPOUSE: () NONE
First Name	First Name
Middle	Middle
Last	Last
SSN	SSN
Birth date	Birth date
Address	Address
City	City
State Zip	State Zip
Home Phone () -	Home Phone ()
Cell () -	Cell () -
Email	Email
Work () Ext	Work () - Ext
Ok to call	Ok to call
Work Email	Work Email
OK to Email	OK to Email
Occupation	Occupation
	Occopation
 () Student () Halftime () Fulltime () US Citizen () Resident Alien () Non resident Alien () Blind () Disabled () Widowed Date of Death 	 () Student () Halftime () Fulltime () US Citizen () Resident Alien () Non resident Alien () Blind () Disabled () Widowed Date of Death
I prefer to be contacted by () Home Phone () Cell Phone () Email () Text () Work Email () Any () I AM CLAIMING MYSELF () I AM BEING CLAIMED AS A DEPENDENT ON ANOTHER RETURN () I WOULD LIKE \$3 MOVED FROM THE GENERAL FUND INTO THE PRESIDENTIAL ELECTION FUND	I prefer to be contacted by () Home Phone () Cell Phone () Email () Text () Work Email () Any () I AM CLAIMING MYSELF () I AM BEING CLAIMED AS A DEPENDENT ON ANOTHER RETURN () I WOULD LIKE \$3 MOVED FROM THE GENERAL FUND INTO THE PRESIDENTIAL ELECTION FUND
(Answering yes, does not affect my tax return)	(Answering yes, does not affect my tax return)
Drivers License/ID State of Issue Number Issue Date	Drivers License/ID State of Issue Number Issue Date
Expiration Date	Expiration Date
Number	Number
irect Deposit information (you can elect to deposit up to 3	
Bank Routing Number Acct N	umber () Checking () Savin

(760) 870-4441 text (858) 301-6100 office (760) 870-7770 fax 14231 Garden Rd Suite 11 Poway Ca 92064 www.FamilyTaxOffice.com



INCOME INFORMATION	() Foreign Tax Credit
	() Child Care Credit
() W-2 Employment Income	() Education Credit
() Interest/dividends	() Residential Energy Credits
() State Tax Refund form 1099G	() Other
() Alimony \$ per Mo /Yr	() 611101
() Self Employment	
() Investments-Gains/Losses	TAXES
() IRA distributions	() First Time Home Buyer Repayment
() Retirement Pension	() Household Employment Taxes
() Rental Income	, ,
() K-1 Partnership/Beneficiary/Shareholder	
() Farm Income	ITEMIZED DEDUCTIONS () NONE
() Unemployment	() Medical and Dental Expenses
() Social Security Benefits	() Real Estate Taxes
() 1099-misc	() Personal Property Tax (DMV Fees)
() Gambling Winnings	() Mortgage Interest
() Canceled Debt	() PMI's
• •	() Points Paid/Carry Over
() Unreported Tips	() Cash to Charity/Church
() Other	() Non Cash Goods Donated Value
DEDUCTIONS	() Casualty Theft or Losses
	() Unreimbursed Work Related Expenses
() Educator Expenses	() Tax Preparation Fee's
() Health Savings Account Deduction	() Other Expenses
() Moving expenses	() I have carry back/carry over gains/losses
() Alimony Paid \$ per Mo /Yr	
() IRA deduction	
() Student Loan Interest Paid	
() Other	
() I am dropping off my documents	
() I will wait while my return is completed	
() I have provided last year's tax return	
() I am interested in providing my last 3 years tax returns alo	ng with documents for a complimentary accurate check
I understand that Family Tax Office will be preparing my inco provided, kept private, confidential and secure. I am under a anytime, I can request my original documents be returned to	no obligation to file my taxes with Family Tax Office. At
Date	
Client Signature	
If, filing a joint return, only one signature is required.	
Received by Date	

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