

# General Information

# RELIABLE TAX

For new clients: also provide copies of last year's tax returns, photo ID, and a completed and signed Intake Form.

## TAXPAYER INFORMATION

First Name		M.I.	Last Name	
SSN or ITIN		Date of Birth		IP PIN
Phone		Email address		
Driver's License Number	State	Issue Date	Exp. Date	

## SPOUSE INFORMATION

First Name		M.I.	Last Name	
SSN or ITIN		Date of Birth		IP PIN
Phone		Email address		
Driver's License Number	State	Issue Date	Exp. Date	

## CURRENT MAILING ADDRESS

Street			Unit #	
City	County	State	Zip	

## DEPENDENTS

<b>Dependent Children</b> Child's Name [First, Middle Initial, Last]	Social Security #	Date of birth	IP PIN	Relationship	Months lived in home

- Yes  No Did any children have unearned income (interest, dividends, unemployment, etc.) above \$1,300?
- Yes  No Do any of the children have a disability, IEP or 504 plan?
- Yes  No Is it anticipated that a different taxpayer will seek to claim a child listed as their dependent?

<b>Other Dependents</b> Full Name [First, Middle Initial, Last]	Social Security #	Date of birth	IP PIN	Relationship	Months in home	Income

## BANK INFORMATION

If you would like Direct Deposit / Debit of your tax refund / payments, please complete the following section:

Name of Bank	Account number	Routing number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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