

2021 General Information

RELIABLE INCOME TAX

PORTLAND, OREGON • ESTD 1945

If you are a new client, provide copies of last year's tax returns, a completed and signed Intake Questionnaire and Engagement Letter, and a photocopy of valid government-issued photo ID.

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

Dependent Children Child's Name [First, Middle Initial, Last]	Social Security #	Date of birth	IP PIN	Relationship	Months lived in home in '21

- Yes No Did any children have unearned income (interest, dividends, unemployment, etc.) above \$1,100?
- 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 above as their dependent? Explain: _____

Other Dependents Full Name [First, Middle Initial, Last]	Social Security #	Date of birth	IP PIN	Relationship	Months in home in '21	Income

BANK INFORMATION

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