

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

Dependent Children 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 \$1,250?
- 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?

Other Dependents 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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