2017 PERSONAL INFORMATION
(ALL INFORMATION WITH AN * BESIDE IT MUST BE FILLED OUT)

NAME: _____ SSN: _____
SPOUSE: _____ SSN: _____
***ADDRESS: _____**
***CELL PHONE: _____ ADDITIONAL: _____**
***E-MAIL ADDRESS: _____**

***Driver License # _____Issue date_____Exp date_____**

***Driver License # (spouse)_____Issue date_____Exp date_____**

***HEALTH INSURANCE: YES NO**

BIRTHDATES: TAXPAYER: _____ SPOUSE: _____
CHILDREN: _____ SSN: _____ DOB: _____
_____ SSN: _____ DOB: _____
BANK INSTITUTION: _____
CHECKING ROUTING NO. _____ ACCOUNT NO. _____

***PICK UP MAIL TOOK LETTER HOME LETTER IN FILE**

***WOULD YOU LIKE YOUR COPY OF YOUR RETURN IN PAPER FORMAT OR ELECTRONIC FORMAT VIA A CLIENT PORTAL? PLEASE CIRCLE ONLY ONE. PAPER ELECTRONIC**