

2019 PERSONAL INFORMATION
(ALL INFORMATION WITH AN * BESIDE IT MUST BE FILLED OUT)
SOCIAL SECURITY AND BIRTHDATE IS NOT REQUIRED IF PREVIOUSLY PROVIDED

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

*YOUR COPY OF YOUR RETURN: PAPER OR

CLIENT PORTAL