

2020 PERSONAL INFORMATION

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

SOCIAL SECURITY NUMBERS, BIRTHDATES AND DRIVER LICENSE NO. NOT REQUIRED IF PREVIOUSLY PROVIDED

NAME: _____
SSN: _____
* ADDRESS: _____
* CELL PHONE: _____
* E-MAIL ADDRESS: _____
DRIVER LICENSE #: _____
* ISSUE DATE: _____
* EXP DATE: _____
BIRTHDATE: _____

SPOUSE NAME: _____
SSN: _____
* CELL PHONE: _____
* E-MAIL ADDRESS: _____
DRIVER LICENSE #: _____
* ISSUE DATE: _____
* EXP DATE: _____
BIRTHDATE: _____

CHILD 1
NAME: _____
SSN: _____
BIRTHDATE: _____

CHILD 2
NAME: _____
SSN: _____
BIRTHDATE: _____

CHILD 3
NAME: _____
SSN: _____
BIRTHDATE: _____

CHILD 4
NAME: _____
SSN: _____
BIRTHDATE: _____

BANK NAME: _____
ROUTING NUMBER: _____
ACCOUNT NUMBER: _____

* DID YOU RECEIVE AN ECONOMIC IMPACT PAYMENT(STIMULUS CHECK)?

YES NO

ACCOUNT TYPE: CHECKING SAVINGS

IF YES, HOW MUCH? \$ Round 1 \$ Round 2

* WOULD YOU LIKE RETURNS: PICKED UP MAILED

* IF APPLICABLE, WOULD YOU LIKE YOUR RETURNS ON THE CLIENT PORTAL?

YES NO